



Department of  
Veterans Affairs

# Annual Report of the Secretary of Veterans Affairs Fiscal Year 1994



*VA Remembers the  
50th Anniversary of D-DAY  
and the G.I. BILL*

**1944 – 1994**

# Annual Report 1994

## Letter of Transmittal

To the President of the Senate and the Speaker of the House of Representatives of the 104th Congress.

I submit this report of the activities of the Department of Veterans Affairs for the fiscal year ending September 30, 1994, as required by 38 U.S.C. § 529.

As intended, this Annual Report details noteworthy accomplishments and initiatives registered across the spectrum of VA activities that serve and support our Nation's veterans. It is a record reflecting a great deal of dedication and commitment by tens of thousands of VA associates who tend the sick, process benefits, maintain our hallowed cemeteries and perform a vast array of vital management functions.

Serving as the central framework for this report are the components of my Fiscal Year 1994 Performance Agreement with the President of the United States. It established three broad areas of emphasis within which were specific goals to: (1) Satisfy our Customers: Our Nation's Veterans; (2) Become an Employer of Choice; and (3) Introduce Major Service Improvements. Details regarding specific achievements in meeting these objectives are provided along with an array of data indicating program and service activity.

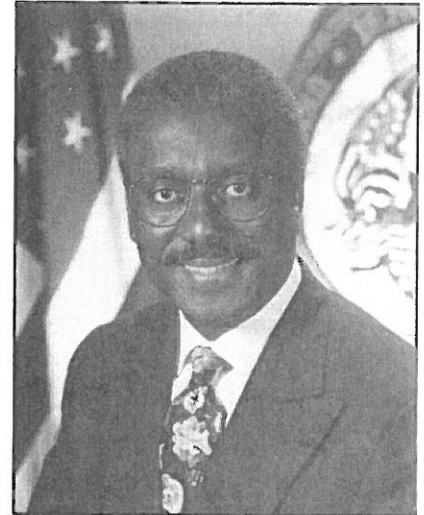
Our focus on heightening the level of Department performance was played against a background of important issues surrounding such areas as national health care reform, concerns about proper regard for service-related health matters, and VA's contributions to our national well-being.

While the precise direction of national reform is yet to evolve, VA's intense self-examination of our medical system clearly points the way toward steps that must accompany inevitable shifting patterns in health-care delivery. I have every confidence we have the capability of meeting those challenges and emerging with renewed strength and vitality.

The aftermath of America's involvement in armed conflict continued to require persistence and advocacy on behalf of those who served. We took steps to address the health-related consequences of military service for certain World War II prisoners of war, Vietnam veterans exposed to herbicides and to contend with the emergence of undiagnosed illnesses affecting some participants in the Persian Gulf War.

Also detailed is progress made in expanding the National Cemetery System, the far-reaching impact of several outstanding VA medical research accomplishments, highlights of our efforts to assist homeless veterans and the selfless efforts of VA people to aid the victims of natural disasters.

In striving for higher levels of service and registering a record of performance that I believe is both noteworthy and responsive, I assure the Congress and the American people that we will never lose sight of the privilege we have of representing the Nation's profound gratitude to veterans and their families.



A handwritten signature in dark ink, reading "Jesse Brown". The signature is stylized, with the first name "Jesse" written in a cursive-like script and the last name "Brown" in a more straightforward, bold script.

Jesse Brown  
*Secretary of Veterans Affairs*



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# Introduction

## A Brief History

The United States has the most comprehensive system of assistance for veterans of any nation in the world. This benefits system traces its roots back to 1636, when the Pilgrims of Plymouth Colony were at war with the Pequot Indians. The Pilgrims passed a law which stated that disabled soldiers would be supported by the colony.

The Continental Congress of 1776 encouraged enlistments during the Revolutionary War by providing pensions for soldiers who were disabled. Direct medical and hospital care given to veterans in the early days of the Republic was provided by the individual States and communities. In 1811, the first domiciliary and medical facility for veterans was authorized by the Federal Government. In the 19th century, the Nation's veterans assistance program was expanded to include benefits and pensions not only for veterans but also their widows and dependents.

After the Civil War, many State veterans homes were established. Since domiciliary care was available at all State veterans homes, incidental medical and hospital treatment was provided for all injuries and diseases, whether or not of service origin. Indigent and disabled veterans of the Civil War, Indian Wars, Spanish-American War, and Mexican Border period as well as discharged regular members of the Armed Forces were cared for at these homes.

Congress established a new system of veterans benefits when the United States entered World War I in 1917. Included were programs for disability compensation, insurance for service persons and veterans, and vocational rehabilitation for the disabled. By the 1920s, the various benefits were administered by three different Federal agencies: the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers.

The establishment of the Veterans Administration came in 1930 when Congress authorized the President to "consolidate and coordinate Government activities affecting war veterans." The three component agencies became bureaus within the Veterans Administration. Brigadier General Frank T. Hines, who directed the Veterans Bureau for seven years, was named the first

Administrator of Veterans Affairs, a job he held until 1945.

The VA health care system has grown from 54 hospitals in 1930, to include 171 medical centers; more than 350 outpatient, community, and outreach clinics; 126 nursing home care units; and 35 domiciliaries. VA health care facilities provide a broad spectrum of medical, surgical, and rehabilitative care. The responsibilities and benefits programs of the Veterans Administration grew enormously during the following six decades. World War II resulted in not only a vast increase in the veteran population, but also in a large number of new benefits enacted by the Congress for veterans of the war. The World War II GI Bill, signed into law on June 22, 1944, is said to have had more impact on the American way of life than any law since the Homestead Act more than a century ago. Further educational assistance acts were passed for the benefit of veterans of the Korean Conflict, the Vietnam era, Persian Gulf War, and the All-Volunteer Force.

In 1973, the Veterans Administration assumed another major responsibility when the National Cemetery System (except for Arlington National Cemetery) was transferred to the Veterans Administration from the Department of the Army. The Agency was charged with the operation of the National Cemetery System, including the marking of graves of all persons in national and State cemeteries (and the graves of veterans in private cemeteries, upon request) as well as administering the State Cemetery Grants Program.

The Department of Veterans Affairs (VA) was established as a Cabinet-level position on March 15, 1989. President Bush hailed the creation of the new Department saying, "There is only one place for the veterans of America, in the Cabinet Room, at the table with the President of the United States of America."

## Administrators of Veterans Affairs

Frank T. Hines	(1930–1945)
Omar N. Bradley	(1945–1948)
Carl R. Gray	(1948–1953)
Harvey V. Higley	(1953–1957)
Summer G. Whittier	(1957–1961)

John S. Gleason	(1961–1965)
William J. Driver	(1965–1969)
Donald E. Johnson	(1969–1974)
Richard L. Roudebush	(1974–1977)
Max Cleland	(1977–1981)
Robert P. Nimmo	(1981–1982)
Harry N. Walters	(1982–1986)
Thomas K. Turnage	(1986–1989)
Edward J. Derwinski	(1989)

## Secretaries of Veterans Affairs

Edward J. Derwinski	(1989–1992)
Jesse Brown	(1993– )

## VA Organization

The Department includes 3 administrations that provide for the delivery of services and benefits; 6 assistant secretaries; 14 deputy assistant secretaries; and 6 Department staff offices that provide specific assistance to the Secretary. (See organizational chart at page xix.)

## Mission of the Department of Veterans Affairs

The Department's mission is to serve America's veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive the care, support, and recognition earned in service to this Nation.

## Secretary's Vision

We will function as a unified Department delivering benefits and services in a high quality, cost effective, and timely manner to serve veterans and their families.

## National Performance Review

Vice President Al Gore's National Performance Review (NPR) report was released September 7, 1993, outlining its blueprint for streamlining and revitalizing government by cutting red tape, putting customers first, and empowering employees. VA's reinvention began with Secretary Brown's program to improve customer service by "Putting Veterans First." His emphasis was enhanced by publication in customer service standards in September 1994. These standards are intended to let veterans know what to expect from VA and to let them judge our performance. Covering many dimensions of service -- such as timeliness, involvement of the veteran customer in decision making, keeping a benefit claimant informed of the status of a claim, and compassionate, courteous treatment -- the standards are specific to VA's programs. Increased feedback will be obtained from veterans through focus groups and surveys to identify customer concerns and to act upon them.

An improvement in service to veterans and their families is the installation of patient bedside telephones in partnership with PT Phone Home, Inc., a charitable nonprofit service organization that provides engineering support, cable, supplies, funding, and thousands of hours of skilled labor. This endeavor is being done completely on a handshake and a promise of cooperation. Bedside telephones have been installed in some VA medical centers (VAMC) and installation is planned for all VAMCs by the end of 1996.

Secretary Brown executed his performance agreement with President Clinton in April 1994. Performance agreements are management tools which focus on achieving agreed upon results and, in VA's case, emphasizes customer service. VA's Labor Management Partnership Council with the five employee unions was also formalized in April and quarterly meetings have constructively addressed a wide range of issues such as VA's Streamlining Plan and Customer Service Plan.

Implementation of NPR recommendations is well underway and business practices are being improved. The VA Supply Depots have ceased centralized distribution of pharmaceuticals, medical supplies, and subsistence in favor of just-in-time delivery directly from vendors. This change is expected to save 277 FTE and \$79 million in recurring costs over six years. In addition, reduction in inventory has permitted the transfer of \$45 million to the Treasury and another \$44 million will be transferred next year.

Electronic commerce has been successfully used to streamline procurement actions. Vendor payments and 99 percent of receiving reports are processed electronically. In an effort to streamline directives and cut red tape, 783 of VA's 3,500 directives have been reviewed, and 93 percent of those reviewed have been eliminated so far. Veterans Health Administration is reviewing its internal reporting requirements and has eliminated 133 reports; additional results are expected. A VA working group established to recover overcharges and fraud resulted in settlements from contractors totaling \$26.4 million. Another effort with the Department of Health and Human Services resulted in a settlement of \$10.8 million, plus potential medical costs, from a manufacturer for making false statements to market a potentially fatal mechanical heart valve.

VA's three Reinvention Labs (New York Regional Office and Baltimore and Milwaukee VA Medical Centers) have led the way toward patient- and customer-focused approaches to health care and claims processing.

VA Regional Office New York has completely reengineered its organization structure and work processes for handling compensation and pension claims. By reducing the number of steps involved in processing, the service provided to veterans is better, faster, and less costly. Employees have also found the new processes both more interesting and rewarding.



Self-managed work teams empower employees and inspire enormous change in their duties and responsibilities. Veteran customers have testified eloquently to the resulting improvement in service.

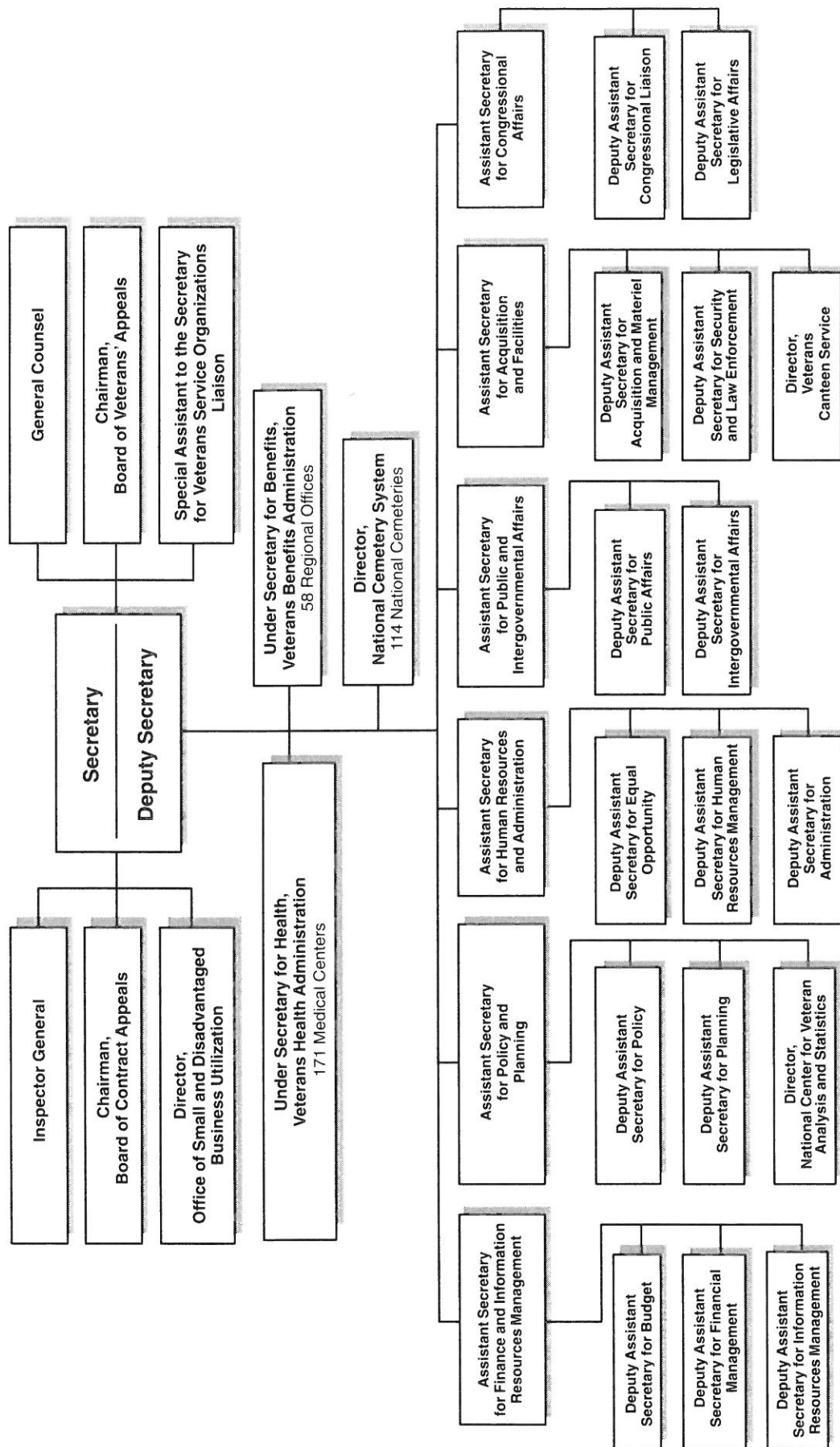
At the Baltimore VA Medical Center, integrated, multidisciplinary teams of health care professionals are used to provide excellence in patient care and thus, customer satisfaction. New technology is being used to support clinical services and enhance patient care. X-ray, CT Scan, and MRI images are viewed on computer screens enabling a completely filmless radiology department and access by clinicians throughout the hospital. Outcome measures have been developed to measure the efficiency and effectiveness of program performance and ensure that teams are rewarded for successes. Patient-focused care is the aim of this lab.

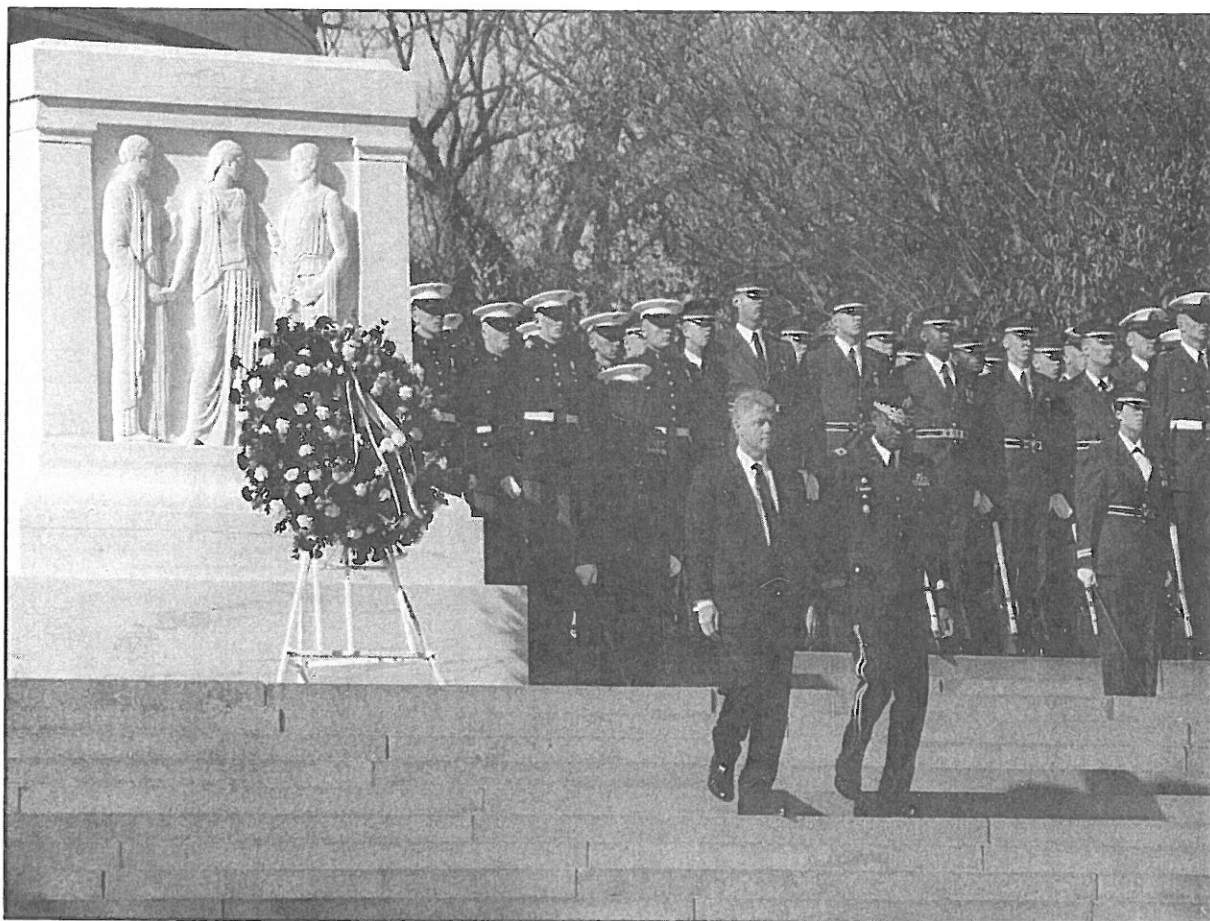
The Milwaukee VA Medical Center with its Central Region Contract Service Center has used its budget flexibility to try new approaches to improve patient care and generate or save recurring dollars, to expedite the

purchase of essential equipment, and to complete engineering projects in a more timely manner. Examples include: (1) the addition of a clinical pharmacist to the Infectious Disease Team, (2) the implementation of a patient transfer team to improve patient lifting techniques and decrease nursing staff injuries, and (3) the ability to renovate and install state-of-the-art cardiac catheterization equipment in approximately 235 days versus the customary 520 days. This Contract Service Center has improved purchasing processes and achieved substantial savings such as \$100,000 annually for home oxygen.

The best indication of VA's reinvention progress is the recognition received in the form of Vice President Gore's Hammer Awards. In addition to the New York VA Regional Office receiving the very first Hammer in March, 14 Hammers were received by teams from VA facilities in September from Federal Executive Boards and Federal Executive Associations around the country for their reinvention activities. Of the 76 Hammers presented in September, only the Department of Defense, with 22, received more recognition than VA.

# Department of Veterans Affairs





The Presidential "Placing of the Wreath" at the Tomb of the Unknown Soldiers during Veterans Day Ceremonies at Arlington National Cemetery.

# The Veteran

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## Summary

Beginning with our Nation's struggle for freedom two centuries ago, approximately 41 million men and women have served their country during wartime periods. Most (about 85 percent) served in one or more of the four major conflicts of the 20th century, with World War II veterans alone representing more than 40 percent of all American war participants. As of July 1, 1994, an estimated 26.5 million veterans were living in the United States and the Commonwealth of Puerto Rico; 20.4 million of these veterans served during at least one wartime period. (See Table 1.)

## Number of Veterans and Periods of Service

The estimate of the veteran population living in the United States and Puerto Rico stands at 26,497,000 as of July 1, 1994. This figure represents an overall decline in the veteran population (291,000 less than the total as of July 1, 1993) as the result of a higher number of veteran deaths (502,000) than separations from the Armed Forces (211,000).

Vietnam era veterans, the largest segment of the living veteran population at 8.3 million, declined for the first time last year. The number of deaths among Vietnam era veterans (46,000) exceeded the number of Vietnam era separations from the military (41,000). As of July 1, 1994, there were an estimated 8,281,000 living Vietnam era veterans, representing 31 percent of the total veteran population. Veterans who served during World War II are now the second largest component of the veteran population (numbering 7,795,000). They constituted 29 percent of the overall veteran count. World War II veterans accounted for 71 percent of all veteran deaths (355,000 World War II veteran deaths) between July 1, 1993 and July 1, 1994.

Two other major conflicts and the Persian Gulf War contributed to the total count of United States wartime veterans. Living Korean conflict participants totaled 4,597,000 (17 percent of all veterans), Persian Gulf War veterans numbered 1,236,000 (approximately 5 percent

of all veterans), and World War I veterans numbered 18,500 (less than one-tenth of 1 percent) as of July 1, 1994.

Approximately 6.1 million veterans (23 percent) served only during peacetime. Almost equal numbers of these peacetime veterans served only between the Korean conflict and the Vietnam era (2.9 million) or only between May 7, 1975, and August 1, 1990, during the post-Vietnam peacetime era (3.0 million).

## Female Veterans

The female veteran population of 1.2 million constituted 4.5 percent of all veterans living in the United States and Puerto Rico on July 1, 1994. Female veterans as a percent of all veterans is expected to increase since the number of former military servicewomen continues to increase, although at a slow pace, in contrast to the decline of the male veteran population. In general, the demographic profile of the female veteran population stands in contrast to that of the male veteran population. Differences in age and period of service are notable examples.

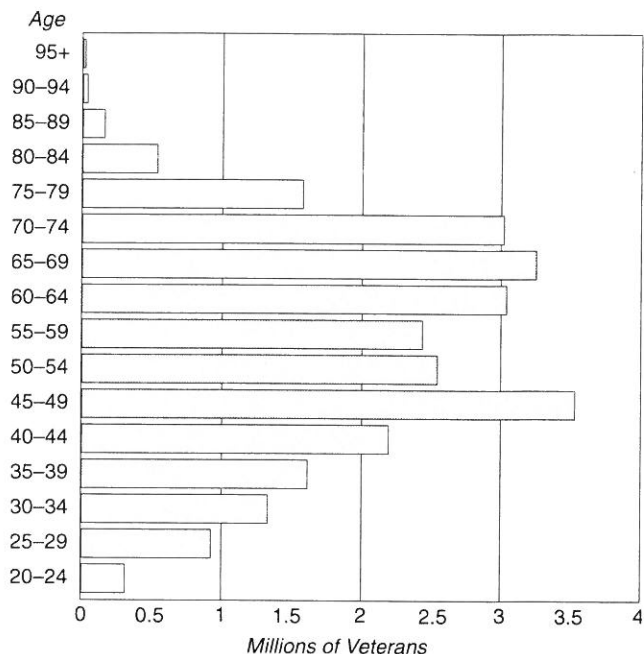
The median age of female veterans (44.7) is declining in contrast to the median age for male veterans (57.1), which is increasing. The growing involvement of women in the military in recent years is reflected in period-of-service-differences between male and female veterans. More than 43 percent of all female veterans, for example, served only during the peacetime period following the Vietnam era (May 7, 1975 through August 1, 1990) or during the Persian Gulf War, in contrast to about 15 percent of male veterans.

## Age of Veterans

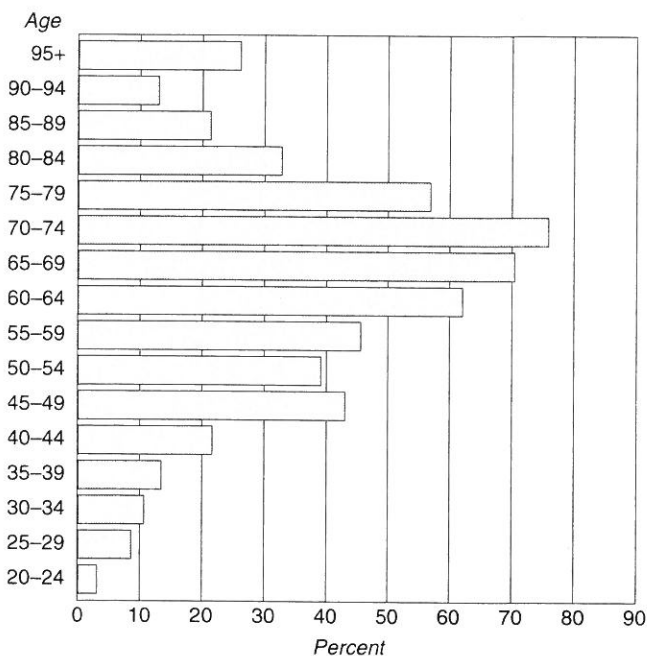
As of July 1, 1994, one-half of all living veterans were older than 56.7 years of age (the median age) and one-half were younger. Veterans under 45 years of age constituted 24 percent of the total, while 44 percent were ages 45 to 64. Veterans 65 years of age and older accounted for 32 percent of the overall veteran count.

The 85 to 89 year old age groups showed the greatest relative increase (15 percent) in number, followed closely by the 75 to 79 and 80 to 84 year old age groups (14 and 12 percent, respectively) over the last year, reflecting the aging of World War II veterans. (See Chart 1.)

**CHART 1. Estimated Veteran Population, by Age, as of July 1, 1994**



**CHART 2. Male Veterans as a Percent of the Male Civilian Population, by Age, as of July 1, 1994**



Approximately 28 percent of all civilian males 18 years old and older were veterans on July 1, 1994. This percentage varied by age, reflecting the degree of our Nation's involvement in each of the major armed conflicts of this century. For example, of those civilian

males aged 70 to 74 years, 76 percent were veterans, clear evidence of the extent of our participation in World War II; among civilian males aged 45 to 49 years, 43 percent were veterans, reflecting America's participation in the Vietnam War. (See Chart 2.)

## Characteristics of Veterans

Data on various characteristics of veterans and nonveterans are obtained from the Current Population Survey (CPS) through a contract agreement with the U.S. Bureau of Census and with the approval of the Department of Labor, sponsor of the survey. CPS data include information on labor force, employment, income, and education of veterans and nonveterans. It is important to note, however, that the CPS population estimates may differ from official VA estimates because the two sources of estimates are subject to different kinds of statistical error. Also, the veteran population base may differ from one section to another, depending on the reference year; i.e., whether it is fiscal or calendar year.

- Education** — Education plays a critical role in the social and economic achievements of individuals. In 1994, as was the case in 1993, there was no significant difference in median years of completed schooling between male veterans and nonveterans. Those aged 20 or older had a median education level of 12.9. Differences do exist however, between specific groups: post-Vietnam era veterans aged 20 to 34 had a lower median education level (12.9 years) than their nonveteran age counterparts (13.3 years). Vietnam era veterans and nonveterans aged 35 to 49 had the same median education level of 13.3 years, which was above the 12.9 years of male veterans and nonveterans in general. (See Table 2.)

Significant differences are observed when one examines the distribution of male veterans and nonveterans by highest level of education attained. As is shown in Table 2, among males 20 or older, 14 percent of veterans had completed less than 4 years of high school compared to 19 percent of nonveterans. A higher proportion of veterans than nonveterans had completed high school (37 percent versus 33 percent), and 1–3 years of college (28 percent versus 24 percent). Nonveterans, on the other hand, had a slightly higher proportion (24 percent) with 4 or more years of college as compared to veterans (22 percent). The same pattern is observed for Vietnam era veterans and nonveterans aged 35 to 49, and post-Vietnam era veterans and nonveterans aged 20 to 34. Since income and education tend to be correlated, it is worth noting that a higher proportion of Vietnam era veterans than nonveterans had at least some college (60 percent versus 55 percent). But the same is not the case for post-Vietnam era veterans aged 20 to 34 and their nonveteran age counterparts: 45 percent of veterans compared to 50 percent of nonveterans had at least some college.



- Labor Force** — About 17 million veterans, representing 60 percent of the non-institutional veteran population, were in the labor force in FY 1994. The veterans' labor participation rate of 60 percent, however, was about 10 percentage points lower than the participation rate of nonveterans. While comparing data on labor force and employment for veterans and nonveterans, one should keep in mind that there are significant differences in their sex and age compositions. The difference in the overall participation rate between male veterans and nonveterans reflects the higher proportion of veterans in the retirement years, 65 or older, who are no longer in the labor force. Among male veterans aged 20 or older, about 16 million, or 63 percent of the male veteran population, were in the labor force in FY 1994. This is in sharp contrast to 82 percent of 50 million nonveteran males 20 years of age or older in the labor force. For male post-Vietnam era veterans and nonveterans aged 20 to 34, male Vietnam era veterans and nonveterans aged 35 to 44, as well as those between 45 and 54, the labor participation rates ranged from 89 to 93 percent.

The female veteran labor force of 779,000, or about 57 percent of the female veteran population, represents only about 1 percent of the size of the nonveteran female labor force aged 20 or older. The labor force participation rate of female veterans aged 20 years or older was slightly lower than the rate for female nonveterans aged 20 or older (57 percent and 59 percent, respectively). In the age groups, 25 to 34 and 35 to 54, however, the proportion of female veterans in the labor force was higher than that of their nonveteran counterparts. (See Table 3.)

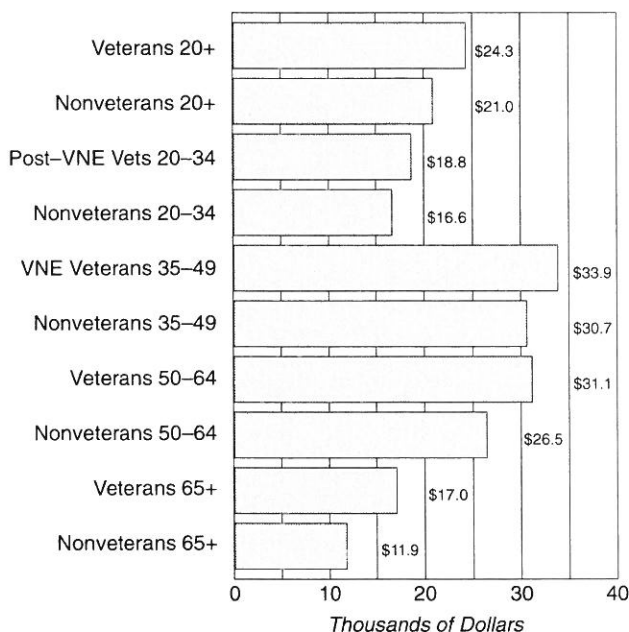
- Unemployment** — The unemployment rate of 5.3 percent among male and female veterans aged 20 or older was lower than the 5.9 percent rate for their nonveteran counterparts. The unemployment rate of 5.2 percent for male veterans aged 20 or older was over 1 percentage point lower than the rate for their male nonveteran counterparts. Male Vietnam era veterans aged 35 to 44 experienced a higher unemployment rate than nonveterans of that age (6.2 percent versus 4.7 percent). The unemployment rate of male Vietnam era veterans aged 45 to 54 (3.8 percent) was lower as compared to nonveterans (4.8 percent). Male post-Vietnam era veterans and nonveterans aged 20 to 34 had significantly higher unemployment rates, 8.5 percent for veterans and 6.6 percent for nonveterans. Among older male veterans and nonveterans, aged 55 to 64, the unemployment rates were 4.2 percent and 5.4 percent, respectively.

Female veterans 20 years of age or older experienced a higher rate of unemployment than their nonveteran

counterparts, 6.8 percent compared to 5.6 percent. Among females aged 25 to 34 and 35 to 54, veterans had higher unemployment rates than nonveterans. (See Table 3.)

- Income** — In general, the personal income of male veterans was higher than male nonveterans due to differences in their age distribution and, in part, to education, job skills, and training. The median income of veterans (\$24,340) aged 20 or older was 16 percent higher than that of their nonveteran age counterparts (\$20,950). (See Chart 3.) For all the groups shown, the median income of \$33,890 of Vietnam era veterans aged 35 to 49 years was the highest, 10 percent more than their nonveteran age counterparts (\$30,690). The youngest veterans; i.e., post-Vietnam era veterans, had a median income 13 percent higher than nonveterans: \$18,760 for post-Vietnam era veterans compared to \$16,630 for nonveterans. The difference between the income of veterans and nonveterans becomes more pronounced as age increases. The median income of veterans aged 50 to 64, for example, was 18 percent higher than nonveterans of that age, \$31,150 for veterans compared to \$26,480 for nonveterans. Similarly, the median income of \$17,010 of veterans 65 years of age or older was 43 percent greater than the median income of \$11,870 for nonveterans.

**CHART 3. Median Personal Income (1993) of Male Veterans and Nonveterans by Age, March 1994**



# VETERAN POPULATION

# TABLES 1 and 2

**Table 1 -- Selected Data on the Veteran Population**

(In thousands)

Period of Service	Veteran Population (1) as of July 1, 1993	Net Separations from the Armed Forces	Deaths in Civilian Life	Veteran Population (1) as of July 1, 1994	Percent Change in Veteran Population	Female veterans	
						Population as of July 1, 1994	Percent of Total Veteran Population
All veterans.....	26,789	211	502	26,497	-1.1	1,191	4.5
Wartime veterans (2) .....	20,675	211	461	20,425	-1.2	737	3.6
Persian Gulf War service.....	1,027	211	2	1,236	20.4	147	11.9
With no Vietnam era service.....	863	171	1	1,032	19.6	138	13.4
With Vietnam era service.....	164	41	1	204	24.6	9	4.5
Vietnam era .....	8,287	41	46	8,281	-0.1	232	2.8
With no Korean conflict or Persian Gulf War service.....	7,576	--	32	7,544	-0.4	215	2.8
With Korean conflict and no Persian Gulf War service.....	313	--	5	308	-1.6	4	1.3
With Persian Gulf War and no Korean conflict service.....	164	41	1	204	24.6	9	4.5
Korean conflict .....	4,692	*	94	4,597	-2.0	97	2.1
With no World War II or Vietnam era service.....	3,583	--	60	3,524	-1.7	79	2.2
With World War II service only.....	561	--	21	540	-3.7	11	2.0
With Vietnam era service and no World War II service.....	313	*	5	308	-1.6	4	1.3
World War II.....	8,150	--	355	7,795	-4.4	292	3.7
With no Korean conflict service.....	7,355	--	326	7,029	-4.4	277	3.9
With Korean conflict service.....	795	--	29	765	-3.7	14	1.9
World War I.....	25	--	7	19	-26.6	1	5.9
Peacetime veterans.....	6,114	--	41	6,072	-0.7	454	7.5
Service between Korean conflict and Vietnam era only.....	2,886	--	27	2,859	-0.9	74	2.6
Peacetime post-Vietnam era service.....	3,054	--	6	3,048	-0.2	367	12.0
Other peacetime service (3) .....	173	--	8	166	-4.5	13	7.7

(1) Includes an indeterminate number of Mexican Border period veterans, 35 of whom were receiving benefits as of September 30, 1994.

(2) Comprised of: Persian Gulf War with no Vietnam era service; Persian Gulf War with Vietnam era service; Vietnam era with no Korean conflict or Persian Gulf War service; Korean conflict with Vietnam era service and no World War II service; Korean conflict with no Vietnam era service or World War II service; World War II, and World War I service.

(3) Includes veterans who served only between World War I and World War II and those who served only between World War II and the Korean conflict, and those who served before World War I only.

\* Less than 500

NOTE: These data represent the number of living veterans in the U.S and Puerto Rico. Detail may not add to totals due to rounding. Excluded are veterans whose only active duty military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement.

**Table 2 -- Percentage Distribution of Male Veterans and Male Nonveterans  
by Educational Attainment and Selected Age Groups, 1994**

Description	Number of Veterans (thousands)	Percent of Total					Median Years of School Completed
		High School			College		
		No High School	1 to 3 Years	4 years	1 - 3 Years	4 years or more	
Veterans age 20 and older.....	24,793	6.0	7.8	36.5	27.8	21.8	12.9
Nonveterans age 20 and older.....	62,086	9.6	9.1	32.8	24.4	24.1	12.9
Vietnam era veterans age 35 to 49.....	5,373	1.1	4.3	34.2	35.5	24.9	13.3
Nonveterans age 35 to 49.....	21,525	6.6	7.2	31.3	23.5	31.5	13.3
Post-Vietnam era veterans age 20 to 34.....	2,459	0.1	3.5	50.9	36.9	8.6	12.9
Nonveterans age 20 to 34.....	27,114	4.8	9.2	35.3	30.4	20.2	13.3

Source: March 1994 Current Population Survey, U.S. Bureau of Census.

TABLE 3

## VETERAN POPULATION

**Table 3 -- Labor Force Status and Unemployment of Selected Groups of Veterans and Nonveterans**  
Fiscal Year 1994

	<i>Number in Labor Force</i>	<i>Percent in Labor Force</i>	<i>Number Unemployed</i>	<i>Unemployment Rate</i>
Both Sexes--20 or older				
Veterans.....	16,903	60.0	892	5.3
Nonveterans.....	106,086	69.7	6,260	5.9
Males--20 or older				
Veterans.....	16,124	63.2	839	5.2
Nonveterans.....	50,475	82.1	3,169	6.3
Males--20 to 34				
Post Vietnam era veterans.....	2,588	92.3	221	8.5
Nonveterans.....	23,800	89.7	1,577	6.6
Males--35 to 44				
Vietnam era veterans.....	2,329	91.8	144	6.2
Nonveterans.....	15,174	93.3	715	4.7
Males--45 to 54				
Vietnam era veterans.....	4,176	92.1	159	3.8
Nonveterans.....	7,684	88.5	367	4.8
Males--55 to 64				
Vietnam era veterans.....	3,374	63.8	141	4.2
Nonveterans.....	2,303	66.7	124	5.4
Females--20 or older				
Veterans.....	779	57.0	53	6.8
Nonveterans.....	55,611	59.2	3,091	5.6
Females--25-34				
Veterans.....	273	78.4	22	8.1
Nonveterans.....	15,186	73.5	959	6.3
Females--35-54				
Veterans.....	343	81.4	19	5.5
Nonveterans.....	27,052	75.8	1,259	4.7

Note: Numbers shown are based upon an average of quarterly figures for fiscal year 1994.

Source: Current Population Survey, October 1993 through September 1994, U.S. Bureau of Census.

### Footnotes to Tables 4 and 5

Note: Excluded are veterans whose only active-duty military service occurred since September 8, 1980, and who failed to satisfy the minimum service requirement. Also excluded are a small indeterminate number of National Guard personnel or reservists who incurred service-connected disabilities while on an initial tour of active duty for training only. Detail may not add to total shown due to rounding.

- (1) Veterans who served in more than one wartime period are counted only once. Total wartime equals the sum of Persian Gulf War (no prior wartime service), Vietnam era (no prior wartime service), Korean conflict (no prior wartime Service), World War II, and World War I. Also includes an indeterminate number of Mexican Border period veterans of whom 35 were receiving VA benefits and 17,000 veterans (1,000 female veterans) of World War I all of whom were over 90 years old.
- (2) Includes 204,000 (9,250 female) who served in both the Persian Gulf and the Vietnam era.
- (3) Includes 204 who served in the Persian Gulf War, the Vietnam era, and the Korean conflict.
- (4) Includes 308,000 (3,960 female) who served in both the Korean conflict and the Vietnam era.
- (5) Includes 225,000 (3,675 female) who served in the Vietnam era, Korean conflict, and World War II.
- (6) Includes 540,000 (10,740) who served in both World War II and the Korean conflict.
- (7) Service only between May 7, 1975 and August 2, 1990.
- (8) Includes those who served only between World War II and the Korean conflict, those who served only between World War I and World War II, and those who served prior to World War I only.
- (9) Computed from data by single year of age.

\* Less than 500.

# VETERAN POPULATION

TABLE 4

**Table 4 -- Estimated Number of Veterans Living in the U.S. and Puerto Rico by Age and Period of Service**  
**July 1, 1994**  
(In thousands)

Age Group (in years)	Total Veterans	Wartime Veterans								Peacetime Veterans			
		Total (1)	Persian Gulf War		Vietnam Era		Korean Conflict		World War II (6,7)	Total	Post- Vietnam Era (8)	Service Between Korean Conflict and Vietnam Era Only	Other Peace- time (9)
			Total (2,3,4)	No Prior Wartime Service	Total (3,4,5,6)	No Prior Wartime Service	Total (4,5,6,7)	No Prior Wartime Service					
All Veterans													
All Ages.....	26,365	20,327	1,230	1,027	8,246	7,713	4,563	3,798	7,770	6,038	3,031	2,842	165
Under 20 yrs.....	1	1	1	1	--	--	--	--	--	--	--	--	--
20-24 yrs.....	311	272	272	272	--	--	--	--	--	38	38	--	--
25-29 yrs.....	921	399	399	399	--	--	--	--	--	521	521	--	--
30-34 yrs.....	1,322	213	202	201	12	12	--	--	--	1,109	1,109	--	--
35-39 yrs.....	1,602	585	110	89	496	496	--	--	--	1,017	1,017	--	--
40-44 yrs.....	2,184	1,943	125	30	1,913	1,913	--	--	--	241	241	--	--
45-49 yrs.....	3,515	3,376	80	18	3,358	3,358	--	--	--	139	59	80	--
50-54 yrs.....	2,531	1,540	28	10	1,530	1,530	--	--	--	991	27	962	3
55-59 yrs.....	2,419	952	8	5	407	328	620	620	--	1,467	16	1,442	9
60-64 yrs.....	3,018	2,636	2	2	259	56	2,508	2,469	109	382	4	322	56
65-69 yrs.....	3,233	3,170	--	--	148	13	1,003	665	2,491	64	--	25	38
70-74 yrs.....	3,004	2,987	--	--	82	5	274	29	2,953	17	--	5	11
75-79 yrs.....	1,566	1,547	--	--	33	1	115	9	1,538	19	--	3	16
80-84 yrs.....	533	515	--	--	7	--	33	5	510	18	--	2	16
85 yrs. & over.....	206	189	--	--	1	--	9	2	169	17	--	1	15
Median Age (9) .....	56.7	61.9	29.0	27.5	47.4	47.0	63.4	62.7	72.1	49.2	34.4	56.2	65.9
Female Veterans													
All Ages.....	1,186	735	147	138	230	223	96	82	291	452	366	73	13
Under 20 yrs.....	--	--	--	--	--	--	--	--	--	--	--	--	--
20-24 yrs.....	36	30	30	30	--	--	--	--	--	6	6	--	--
25-29 yrs.....	107	50	50	50	--	--	--	--	--	58	58	--	--
30-34 yrs.....	164	32	32	32	1	1	--	--	--	131	131	--	--
35-39 yrs.....	170	51	17	16	35	35	--	--	--	119	119	--	--
40-44 yrs.....	124	88	12	7	81	81	--	--	--	36	36	--	--
45-49 yrs.....	83	70	5	2	67	67	--	--	--	13	10	4	--
50-54 yrs.....	60	27	2	1	26	26	--	--	--	33	4	30	--
55-59 yrs.....	54	23	--	--	8	7	16	16	--	31	2	29	--
60-64 yrs.....	60	51	--	--	4	3	44	43	5	9	1	6	2
65-69 yrs.....	59	55	--	--	3	2	20	18	36	5	--	2	3
70-74 yrs.....	154	151	--	--	3	1	9	4	147	3	--	1	2
75-79 yrs.....	68	65	--	--	1	--	4	1	64	3	--	1	2
80-84 yrs.....	30	28	--	--	1	--	2	1	27	2	--	1	2
85 yrs. & over.....	17	14	--	--	--	--	1	1	13	2	--	1	1
Median Age (9).....	44.7	59.6	29.3	28.7	44.9	44.7	63.6	62.8	73.4	36.1	34.6	55.4	72.5

See footnotes for this table on the preceding page.

# VETERAN POPULATION

TABLE 5

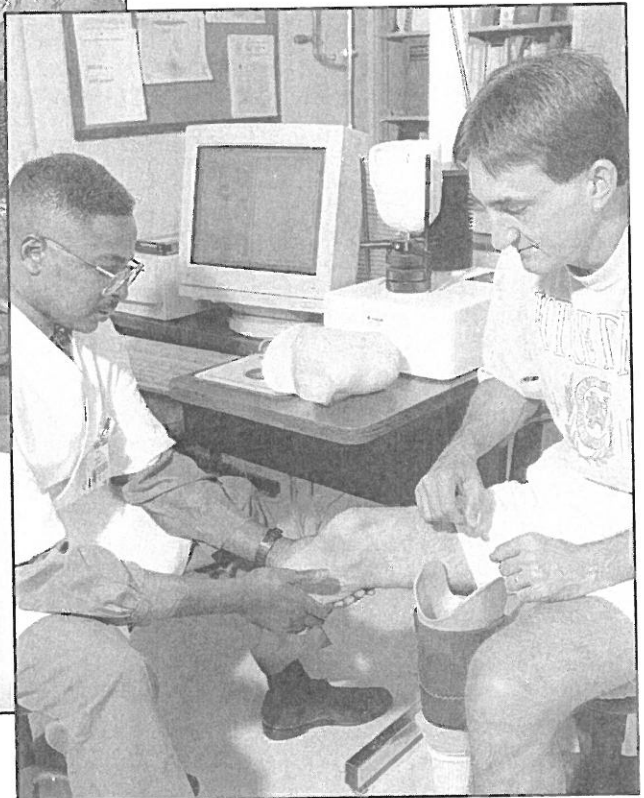
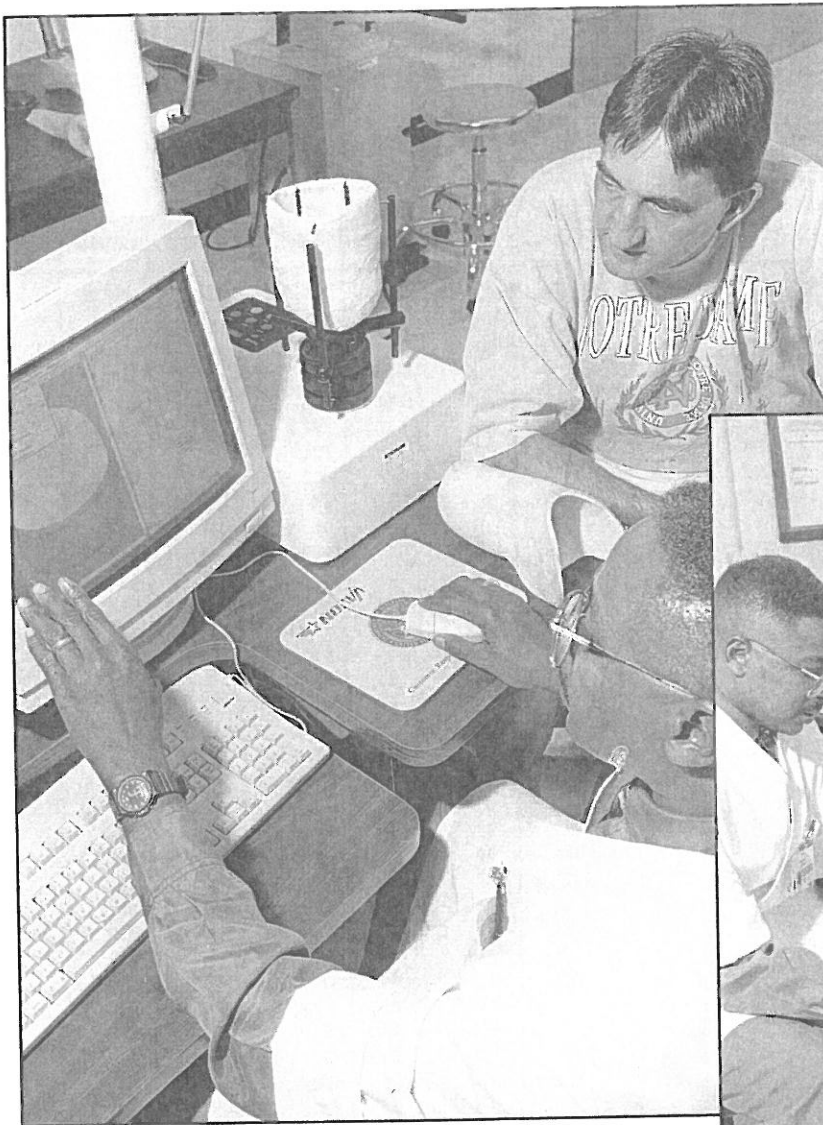
Table 5 -- Estimated Number of Veterans Living in the U.S. by State and Period of Service  
July 1, 1994  
(In thousands)

(in thousands)															
State	Total Veterans	Veterans per 1,000 Civilian Population Age 18 and Over	Wartime Veterans								Peacetime Veterans				
			Total (1)	Persian Gulf War		Vietnam Era		Korean Conflict		World War II (6,7)	World War I	Total	Post-Vietnam Era (8)	Service Between Korean Conflict and Vietnam Era Only	Other Peacetime (9)
				Total (2,3,4)	No Prior Wartime Service	Total (3,4,5,6)	No Prior Wartime Service	Total (4,5,6,7)	No Prior Wartime Service						
Total.....	26,365	139.3	20,327	1,230	1,027	8,246	7,713	4,563	3,798	7,770	18	6,038	3,031	2,842	165
Alabama.....	430	139.1	336	31	25	135	122	81	65	123	*	94	49	42	3
Alaska.....	65	168.8	46	2	2	30	29	8	7	8	*	20	12	7	*
Arizona.....	460	161.7	355	19	17	146	130	83	64	144	*	105	58	44	3
Arkansas.....	260	145.7	206	18	15	79	72	46	37	82	*	54	26	26	2
California.....	2,852	127.5	2,152	101	84	945	874	507	397	796	2	700	374	307	18
Colorado.....	390	150.7	299	19	16	148	135	67	54	94	*	91	50	40	2
Connecticut.....	346	138.8	265	10	8	99	96	60	52	109	*	80	37	42	2
Delaware.....	79	151.7	60	4	4	24	23	13	11	23	*	19	11	8	*
Dist. of Columbia..	52	113.7	40	3	3	15	13	11	8	16	*	11	6	5	*
Florida.....	1,715	164.6	1,351	69	55	480	420	317	236	638	2	364	200	152	12
Georgia.....	687	137.1	509	41	34	247	227	111	90	157	*	178	104	70	4
Hawaii.....	116	141.5	86	5	4	42	38	21	16	28	*	30	18	12	1
Idaho.....	113	148.3	88	7	6	36	34	19	15	33	*	26	12	13	1
Illinois.....	1,092	126.9	854	49	42	321	314	186	165	332	1	237	104	127	6
Indiana.....	599	141.3	458	29	25	181	176	100	89	168	*	141	68	70	3
Iowa.....	296	142.3	237	16	13	87	85	53	48	90	*	58	24	32	2
Kansas.....	266	145.8	210	12	10	86	81	46	39	80	*	56	28	27	2
Kentucky.....	371	132.9	291	21	18	117	110	63	55	108	*	80	38	39	2
Louisiana.....	384	126.7	304	30	26	119	111	65	53	114	*	80	36	41	3
Maine.....	155	167.4	118	8	6	50	47	26	22	42	*	37	20	16	1
Maryland.....	536	145.5	394	23	19	174	163	89	73	139	*	142	80	59	3
Massachusetts.....	606	131.4	469	18	15	166	160	107	92	201	1	137	64	69	4
Michigan.....	961	138.0	739	48	42	293	287	152	138	272	1	222	106	110	6
Minnesota.....	468	142.4	360	19	16	151	148	78	70	125	*	108	48	57	2
Mississippi.....	235	125.8	185	20	17	68	61	44	36	72	*	50	24	23	2
Missouri.....	592	153.5	462	29	24	183	173	106	90	175	*	130	63	64	3
Montana.....	97	160.9	77	6	5	31	30	17	14	28	*	20	8	11	1
Nebraska.....	170	146.8	134	9	8	52	49	32	28	49	*	36	17	18	1
Nevada.....	186	180.8	139	5	4	63	56	37	29	50	*	46	24	21	1
New Hampshire....	137	163.0	102	5	4	46	43	23	19	35	*	34	19	15	1
New Jersey.....	756	126.6	590	23	19	201	195	137	121	255	1	165	70	91	5
New Mexico.....	173	154.3	133	9	8	60	54	30	23	48	*	40	23	16	1
New York.....	1,569	114.5	1,215	67	56	416	408	269	243	507	1	354	161	183	10
North Carolina.....	714	139.0	542	38	31	232	213	121	102	195	*	172	95	72	4
North Dakota.....	60	132.0	48	4	3	19	18	11	10	16	*	13	5	7	*
Ohio.....	1,204	146.5	936	59	51	357	347	197	176	362	1	268	129	132	7
Oklahoma.....	355	152.1	282	18	15	119	109	66	52	107	*	72	33	37	2
Oregon.....	374	166.3	291	16	14	124	118	60	48	111	*	83	40	41	2
Pennsylvania.....	1,383	150.8	1,087	57	48	376	364	235	206	469	1	296	127	160	9
Rhode Island.....	111	146.1	87	4	3	31	29	20	16	38	*	24	12	11	1
South Carolina.....	381	144.2	289	25	20	130	116	65	52	101	*	92	52	37	2
South Dakota.....	75	149.7	59	5	4	22	20	15	13	21	*	16	8	8	*
Tennessee.....	520	136.4	401	28	23	170	159	89	75	144	*	119	59	57	3
Texas.....	1,662	130.5	1,277	91	75	584	531	284	225	445	1	385	205	170	10
Utah.....	140	117.7	112	8	7	45	42	25	21	42	*	28	13	15	1
Vermont.....	63	146.0	47	3	2	20	19	10	9	16	*	16	8	7	*
Virginia.....	710	150.2	526	33	27	261	229	125	95	175	*	183	111	68	4
Washington.....	636	167.0	480	27	22	232	213	107	83	161	*	156	85	68	4
West Virginia.....	202	145.8	163	11	9	59	56	37	32	66	*	39	15	23	1
Wisconsin.....	514	139.1	395	25	22	152	149	85	76	147	*	119	50	66	1
Wyoming.....	49	149.4	39	3	2	17	17	8	7	13	*	10	4	6	*

NOTE: Veterans per 1,000 civilian population age 18 and over are based on civilian population estimates for July 1, 1993, provided by the U. S. Department of Commerce, Bureau of the Census.

Refer to the footnotes for table 4 "Estimated Number of Veterans Living in the U.S., by Age and Period of Service" located below table 3.





Reginald T. Bennett, prosthetist at VAMC Indianapolis, IN, uses the Automated Fabrication of Mobility Aids (AFMA) to design a precisely fitting prosthesis for veteran William Caywood. The AFMA system gives veterans better fitting prostheses at less cost to VA and in significantly shorter time frame. During FY 1994, prosthetists were trained in the use of AFMA digitizers, carvers, and vacuum forming equipment. Delivery of equipment to 37 Prosthetic/Orthotic Laboratories will be completed early in FY 1995.

## Veterans Health Administration

The debate on national health care reform overshadowed activity in the Veterans Health Administration (VHA) during FY 1994. Regular planning focused on the impact of reform on VHA and additional planning and effort went into preparing VHA for transition to a post-reform environment. In FY 1994, the Office of Health Care Reform was established. Consistent with VHA taking steps to meet the challenges and opportunities of a rapidly changing health care environment, VHA must confront the pressure to "reinvent government" and operate with declining resources and numbers of employees as its core of patients ages and continues to require more health care. Four basic goals guide this effort: providing greater access to health care, providing comprehensive care, obtaining new funding sources, and maintaining our four-part mission. In addition to providing quality health care to veterans, VHA is charged with providing medical education, medical and health care research, and emergency medical preparedness. These important functions, an integral part of VHA's mission, must be continued under any future structure or environment.

## VHA Research

VHA continues its role as a world leader in medical and health care research. VHA research is characterized by its close connection to delivery of quality care to veterans, with more than 75 percent of physicians who are involved in medical research, also providing patient care. Notable findings during FY 1994 include:

- **Vagus Nerve Stimulation** — In an 18-month study on electrical stimulus as a possible treatment for epilepsy, researchers at VAMC Gainesville, FL, found half of the participants treated with a technique called vagus nerve stimulation experienced a 50 percent drop in the number of seizures. The technique also was found to decrease the intensity and duration of seizures and to provide an alternative to patients who do not respond to medication.
- **Autoimmune Diseases** — In a discovery with great potential for patients suffering from autoimmune diseases, a research team at VAMC Birmingham, AL, discovered that replacing a single defective gene will cure lupus-like diseases in mice. These results show that when doctors can identify a major gene defect, gene therapy and other treatments aimed at correcting a specific defect may be effective.
- **Spinal Cords** — Experiments at the VAMC San Diego, CA, with a protein called nerve growth factor produced cell growth in rats with both intact and injured spinal cords. These results could be an important step towards repairing damaged spinal cords in humans.
- **Ulcers** — A study led by researchers from the VAMC West Los Angeles, CA, found that continued use of the anti-ulcer drug ranitidine can safely reduce the risk of reappearance of bleeding ulcers. This new research could have a dramatic impact in reducing the number of hospital admissions for ulcers each year and could produce substantial cost savings for sufferers.
- **Cancer** — Researchers at the VAMC Durham, NC, discovered a new class of chemical compounds that may help overcome the ability of some cancer cells to ward off cancer-fighting drugs derived from plants or other natural sources. About half of the drugs used to treat cancer fall into that category. Some of the cancers that may be affected are lymphoma, leukemia, breast cancer, childhood malignancies, and cancers of the colon and kidney.
- **Alcoholism** — A research team at the Portland, OR, VAMC has located a small region on a mouse chromosome that strongly influences the animal's susceptibility to severe alcohol withdrawal. The finding adds weight to a growing body of evidence that heredity is a factor in the development of alcoholism. This biological marker also may prove useful in determining an individual's genetic susceptibility to alcoholism.

The Cooperative Studies Program takes advantage of VHA's unique ability to conduct concurrent studies at a number of facilities and with a large number of subjects. Significant findings during FY 1994 include:

- **Hypertension** — Proper drug therapy for men with hypertension must take into account age and race.
- **Heart Attacks** — Aspirin significantly reduces the number of second, non-fatal heart attacks for patients with angina.
- **Laryngeal Cancer** — Non-surgical treatment is as effective as surgery to preserve the larynx in patients with laryngeal cancer.
- **Cochlear Implants** — Multi-channel cochlear implants are significantly more effective than single-channel implants in restoring some level of hearing for profoundly deaf patients.

Research projects in Health Services Research and Development (HSR&D) found that:

- For patients with diabetes, obstructive pulmonary disease, and congestive heart failure, high quality primary care after discharge from a VAMC reduced hospital readmission rates and readmission days.
- Cost-effective mobile clinics improve access to medical care for veterans living in rural areas. The clinics can be used in disaster relief.
- Post-Traumatic Stress Disorder (PTSD) patients who received relapse prevention training have fewer problems with alcohol abuse than patients receiving treatment only for PTSD.
- Alzheimer's patients receiving hospice care do better than patients getting standard home or hospital care.

## Acquired Immune Deficiency Syndrome

VHA has treated nearly 22,000 Acquired Immune Deficiency Syndrome (AIDS) patients since encountering one of the first cases of the disease in 1979. In addition to treatment, VHA also conducted a significant amount of AIDS research. For instance:

- Screening guidelines for human immunodeficiency virus (HIV) infections were developed. The guidelines indicate that polymerase chain reaction (PCR) is not sufficiently accurate to justify its use as a single test in screening for diagnosis of adult HIV infection.

- A cost effectiveness analysis of the treatment of AIDS and AIDS Related Complex using zidovudine, also known as AZT, was conducted. The results revealed that clinicians should not push early AZT treatment for patients who experience side-effects that significantly interfere with quality of life.
- A mechanism to rate the severity of illness of HIV-infected individuals was developed. This information is used to chart progression of AIDS in these patients.
- A study of resource utilization and cost of HIV care in VHA began in FY 1994. The goal was to develop a model to forecast future numbers of HIV-infected patients who will receive treatment at VAMCs, the resources required to treat these patients, and the cost of providing this care. A secondary goal was to examine the feasibility of estimating resource use and patient outcomes at facilities with and those without a dedicated HIV/AIDS unit.

## Preventive Health Care Services<sup>1</sup>

VAMC Durham, NC, was selected as the site for the National Center for Preventive Health in FY 1994. Funding and staff will be available during FY 1995. The Preventive Medicine Field Advisory Group provides support and liaison to the National Center Director. Preventive Medicine Coordinators monitor implementation of the program at each VHA facility.

The program focuses on 11 risk factors, interventions, or services in three categories: screening, counseling, or immunizations. These include hypertension, high cholesterol, breast cancer, cervical cancer, colorectal cancer, inquiry and counseling for alcohol, nutrition and weight control, physical fitness and exercise, seat belt usage, smoking cessation, and influenza immunization. Each year special emphasis is placed on one particular area. In FY 1994, VHA emphasized influenza vaccination, and in FY 1995 will focus on cervical cancer.

## Therapeutic and Rehabilitation Activities<sup>2</sup>

Physical Medicine and Rehabilitation Service (PM&RS) developed a network of 23 VA medical centers to manage the unique and varied needs of the traumatic brain injured (TBI) patient. A national TBI coordinator, located at VAMC Memphis, TN, will manage the network. Training in TBI case management was provided to each of the designated case managers at the centers.

A training guide, *Biopsychosocial Rehabilitation: A Functional Approach Utilizing Interdisciplinary Team*

<sup>1</sup>Included in compliance with 38 U.S.C. § 1764.

<sup>2</sup>Included in compliance with 38 U.S.C. § 1718(c)(3).

*Collaboration*, was published. The interdisciplinary teams use the guide in treating patients with psychological disabilities. The teams include staff from vocational rehabilitation, occupational therapy, social work, nursing, educational therapy, domiciliary, and recreation therapy. The guide encourages incorporating the patient's personal goals for rehabilitation into the treatment plan. Also, interdisciplinary collaboration promotes higher job satisfaction among team members.

PM&RS implemented the following major improvements in FY 1994:

- Established the Preservation-Amputation Care and Treatment Program to expand the scope of care provided veterans at risk of limb loss or with amputations.
- Increased the number of VAMCs on-line with the Uniform Data System for Medical Rehabilitation to 70. Data from the system is used in research, program development, treatment protocols, outcome predictors, program evaluation models, and bench marking techniques. The Boston Development Center is working to develop a means to link cost with quality.
- Provided refresher training to driver training instructors who have been in the field longer than ten years.

## Health Care for Women Veterans<sup>3</sup>

The Southeast Pennsylvania Comprehensive Network Health Care System for Women Veterans spans three States and includes VAMCs Philadelphia, Coatesville, and Lebanon, PA, and Wilmington, DE, and four Vet Centers as well as several active duty sites. The Network provides comprehensive, gender-specific health care to all eligible women veterans. All female veteran inpatients and outpatients are also screened for sexual trauma using a screening tool developed by the Network. VAMC Philadelphia, PA, serves as the "hub" of the Network and provides gynecological support to the other sites. A referral model used at all Network sites provides convenient, accessible care through the Network system. Education activities are directed to both women veterans and care providers.

Four new Women Veterans Comprehensive Health Centers were opened in FY 1994, bringing the total to eight. These are in addition to the 121 women's clinics that provide unique gender specific health services to women in a comfortable and accepting environment. Eventually, all facilities will have either a women's clinic or a women's primary care team. Guidelines were issued in FY 1994 to address medical care, environment, culture, and outreach to women.

<sup>3</sup> Included in compliance with 38 U.S.C. § 542(c)(4).

In addition to the centers and clinics, expanded health care services to women include more mammography capability, an increase in the number of full-time women veterans coordinators, and programs for women suffering the effects of sexual trauma.

Training in treating women veterans included satellite teleconferences on women's health for physicians assistants and cardiac disease in women. The Women Veterans Health Program, National Training Program, produced two more satellite teleconferences on treatment of sexual trauma, which reached more than 1,000 employees, as well as face-to-face training for teams from more than 100 VAMCs to deal with the health consequences of sexual trauma. A face-to-face national training conference for women veterans coordinators was also held.

VHA has directed special attention to breast cancer research. One study is being conducted at VAMC Durham, NC. This study focuses on special needs or problems faced by women veterans seeking breast cancer care in the VHA system. It is a pilot for a larger one to evaluate primary and secondary prevention practices and rehabilitation therapy for breast cancer among women veterans.

The Office of Academic Affairs (OAA) initiated a physician fellowship program to prepare a cadre of physicians with the necessary clinical, teaching, and research skills to make VHA a leader in women's health care.

## Emergency Preparedness

During FY 1994, the Emergency Medical Preparedness Office (EMPO) coordinated VHA's role in providing medical care to veterans and other victims of natural and technological disasters. VHA responded to the Northridge earthquake in Southern California on January 17, 1994. EMPO played a large role in coordinating and carrying out Federal relief efforts. A Federal base camp was established at VAMC West Los Angeles, which provided administrative, logistical, and pharmaceutical support to the State of California and Los Angeles County. VHA deployed nearly 300 employees from 81 VAMCs to provide medical care to 20,873 patients, or 3 of every 4 victims receiving Federal medical care during the response phase. Four VHA mobile clinics were deployed to various sites throughout the stricken area.

EMPO assisted with relief for flood victims in Georgia and Florida. VHA sent 67 clinical personnel and 11 EMPO staff to provide medical support for a number of Red Cross shelters. VHA also provided supplemental staff for a hospital in Albany, GA, and the mobile clinic from Fayetteville, NC, was deployed. VHA personnel treated a total of 2,293 patients.



## **Performance Agreement 1 -- SATISFY OUR CUSTOMERS: OUR NATION'S VETERANS**

### **Customer Service Standards**

During FY 1994, VHA developed customer service standards. Customers, as defined in VHA, are veterans and their families who use VA services. The standards state VHA's commitment to its customers in the areas of staff courtesy, timeliness, one provider, decisions, physical comfort, emotional needs, coordination of care, patient education, family involvement, and transition. The standards are based on information collected from a series of focus group interviews with more than 200 veteran patients across the Nation.

### **Mobile Labs**

The VHA Pathology and Laboratory Medicine Service has developed a Mobile Lab<sup>TM</sup> to provide point-of-care lab tests and services. The labs are an innovative diagnostic system of sophisticated miniature components where lab tests can be performed immediately and test results provided within minutes instead of hours. The Lab<sup>TM</sup> system interfaces with the hospital's computer system to store results. It relieves staff of time-consuming blood or urine sample transport and accompanying paperwork. For the patient, it can eliminate trips to the hospital laboratory, reduce waiting times, or avoid the need to schedule a follow-up visit that might otherwise have been necessary.

A medical technologist can perform as many as 40 of the most commonly ordered medical diagnostic, screening, and monitoring tests with Mobile Lab<sup>TM</sup>. The pilot tests revealed that the labs not only cut time and costs per test but also reduced duplicate test ordering. The carts played a significant role with accurate results during cardiac arrest, respiratory arrest, and other emergencies. The Mobile Lab<sup>TM</sup> system also has the potential of saving the cost of constructing laboratories at outpatient clinics. After testing at pilot sites during FY 1994, 90 VAMCs will receive the units in FY 1995. The Mobile Lab<sup>TM</sup> is the first device developed under VA's medical care appropriation for which VA is seeking a patent.

### **Recreation Therapy**

VA supports five national events that enable veterans to benefit from rehabilitation, develop camaraderie with fellow veterans, and participate in a competitive but friendly environment. The National Disabled Veterans Winter Sports Clinic was held in Crested Butte, CO, in March. During the summer of FY 1994, the National Veterans Golden Age Games were held in Lisle, IL, and

the National Veterans Wheelchair Games were held in Kansas City, MO. In October the National Veterans Creative Arts Festival was held in Knoxville, IA. The VA Very Special Arts program was held this year at 16 pilot sites, culminating in an art showing in Washington, DC, the week of Veterans Day.

### **Bedside Telephones**

Bedside telephones were installed at 20 VAMCs in FY 1994, bringing to 40 the number of VAMCs with bedside phones. Some of the installations have been in cooperation with PT Phone Home Incorporated. Installation is planned for all VAMCs by December 1996.

### **Homeless Veterans**

In FY 1994, the Office of Academic Affairs (OAA), VHA, identified contact persons at 230 VAMCs, clinics, and regional offices for homeless veterans issues. These contact persons assessed the needs of homeless veterans and conducted community meetings with other providers in their area to determine needs of all homeless persons in that geographical area. A report is being developed by the group that will prioritize needs of the homeless veterans and corresponding recommendations. The group will coordinate the findings with VHA resources that are directed to meet needs of homeless veterans. OAA also provided administrative and logistical support for the VA National Summit on Homelessness Among Veterans, attended by 750 persons in Washington, DC.

Under the McKinney Homeless Assistance Act, VHA made available 90 acres and 10 buildings to providers of services to the homeless.

### **Medical Education**

In July 1994, OAA began the PRIME Initiative, a program to support training of medical residents and associated health students to work in an interdisciplinary team to provide primary care to veterans. Under this program, 49 VAMCs have 250 residents and more than 500 students -- nurse practitioners, physician assistants, pharmacists, social workers, etc. -- learning patient care through these teams.

### **Veteran Job Training**

Job training for domiciliary residents is an important service VHA provides to veterans. At VAMC Martinsburg, WV, a job retraining program for domiciliary patients over 55 and homeless patients was established in cooperation with Potomac Highlands Support Services and the West Virginia Bureau of Employment Training. The first class graduated in May 1994. Although patients in this class had significant medical, substance abuse, and employment history problems, 60 percent of those



who entered graduated and more than half of them had job offers at graduation.

## **VIP Customer Service Program**

VAMC Nashville, TN, established the "VIP Customer Service Program." Selected employees are detailed from their normal duties for two hours each pay period to serve as hospital hosts, goodwill ambassadors, problem identifiers, and solution facilitators. In addition to enhancing the hospital's guest relations, the program increases employee morale and provides an opportunity to gather information for quality improvement initiatives.

## **Simplified Admissions**

VAMC Seattle, WA, established a task force to improve the complex and sometimes conflicting admission process. As a result, a new single admission policy was developed. The VAMC Seattle coordinates and consolidates admissions through a single point of contact for both patient and provider via dedicated telephone lines. Patient information is collated and reviewed for basic admission needs. In addition, potential discharge problems are identified early to assist with decreasing length of stays.

## **Service Improvements**

During FY 1994, the Office of Dentistry took the following actions to ensure service improvements: (1) a cost-effective study of all dental services was performed and measures taken to ensure cost-effectiveness; (2) cost-effective evaluation with ongoing analyses of the four central dental laboratories was conducted, which resulted in increased productivity with shorter turn-around time for dental laboratory procedures; (3) continuation of a national dental initiative for the homeless, with recent surveys of all domiciliaries indicating dental treatment needs of the homeless are more than twice that of employed adults; (4) working in conjunction with Medical Administration Service, a review of the Code of Federal Regulations resulted in a 30 percent reduction of the regulations pertaining to dental eligibility; and (5) working in concert with Veterans Benefits, for the first time in 30 years the dental compensation and pension rating was revised to make it more current and understandable.

The Office of Geriatrics and Extended Care held focus groups to learn how veterans and their caregivers define needs for long-term care and how they evaluate VA and community long-term care programs. Three focus groups met in each of the four regions. Results of the meetings include the importance of care management, the desire for patient-centered focus, the need for services to enable veterans to remain at home as long as possible, the need to clarify eligibility requirements, the importance of veteran peer support in the VA system,

the need for caregiver services, and the need for information about availability and accessibility of VA long-term care services. The findings were distributed to all VAMCs, to service organizations, and to key elected officials.

## **Physician's Guide for Disability Evaluation Examinations**

The "*Physician's Guide for Disability Evaluation Examinations*" has been revised and converted to computer format. The guide is a reference, used by VHA and the Veterans Benefits Administration (VBA), for conducting compensation and pension (C&P) examinations. The guide is available nationwide through the Decentralized Hospital Computer Program (DHCP). The revised version is diagnosis-specific, rather than disease-specific, giving physicians the precise clinical information needed by the Rating Board to rate a veteran's disability. The guide provides uniformity and consistency in conducting C&P exams, which improves the overall quality of the exams. Reports are returned to the VAMC for additional information and the veteran is not recalled for further examination. This reduces processing time for C&P claims, increases timely response to claims, and prevents inconvenience and frustration for the veteran. VHA will realize cost savings because the specific guidelines eliminate unnecessary lab tests and procedures.

## **Income Verification Pilot Program**

The Income Verification Match (IVM) Center has implemented a Data Collection Pilot Program to centralize the application process for veterans whose eligibility for VA medical care is based on income. The program requires these veterans to complete a single application during a calendar year. Eligibility for all income-based benefits (medical care, prescription co-payment exemption, and beneficiary travel) is assessed from the one application. Expert assistance is provided to veterans through toll-free telephone numbers. Each veteran's eligibility information will be maintained in the centralized IVM database and made available to VAMCs. Veterans will be able to provide detailed personal information from the privacy of their homes. Centralization also will yield consistent systemwide eligibility assessments with reduced waiting times. This pilot program includes 12 VA facilities in North Carolina and Massachusetts.

## **CHAMPVA**

Audiology and Speech Pathology Service has reduced veteran waiting time for hearing aid fitting and customization by half and increased the number of independent hearing aid clinics. It also provides daily walk-in service for hearing aid users needing hardware adjustment in most clinics.

The phased transition of claims processing from contracted fiscal intermediaries to the CHAMPVA Center in Denver, CO, was completed in January 1994. For the first time since the CHAMPVA program began in 1973, beneficiaries and medical care providers can have all of their inquiries addressed by one office. Toll-free telephone service is provided. To simplify claim filing, the requirement to use the CHAMPVA claim form was discontinued. This significantly reduced the number of rejected claims and reduced processing time and cost.

## Joint Ventures

- In Las Vegas, NV, VHA and the U.S. Air Force opened the first jointly funded Federal medical center. The new Nellis Federal Hospital provides VHA with 52 inpatient beds and the Air Force with a 66-bed replacement hospital. The jointly managed facility provides improved access to care and expanded health services to both VA and DoD beneficiaries. Nellis is the second joint venture hospital in operation and the first located on a military base.
- In Albuquerque, NM, the VAMC is host to the Kirtland Air Force Hospital.
- Five other joint ventures are in various stages of activation.
- A consortium of the VAMC Albuquerque, NM, Los Alamos National Laboratories, and the University of New Mexico has implemented the Center for Magnetoencephalography. This unique venture evaluates and identifies neurologic dysfunctions in the brain and has significant potential in understanding deficits occurring in stroke, mental illness, and Alzheimer's patients.

## CHAMPUS

In FY 1994, the VA and DoD signed a memorandum of understanding establishing broad principles for sharing and promoting increased sharing of health care resources. Another agreement was signed between VAMC Asheville, NC, and DoD for the VAMC to provide specific treatment and services to CHAMPUS beneficiaries in that area. This is the first sharing agreement in a DoD "non-catchment" area and the first use of VA's expanded CHAMPUS sharing authority. The VAMC offers limited health care services, primarily outpatient and pharmacy, to military retirees and dependents. VAMC Asheville is reimbursed by DoD's CHAMPUS contractor and uses this revenue to expand and improve service to veterans. More than half the CHAMPUS patients seen in 1994 have been women.

## Construction Consulting

A Consulting Support Office was established and staffed by a cadre of senior technical professionals to respond to requests for assistance on a broad range of construction problems. When requests are received, they are analyzed to determine the range of professional support needed and "assist teams" are established from the Construction Management (CM) staff. These teams are highly mobile, customer-oriented, and driven by a philosophy to "consult and solve." Since its inception in January 1994, the office has responded to more than 500 requests for help.

## Land Acquisition

CM has developed performance measures, consistent with the *Government Performance and Results Act*, to monitor organizational performance and customer satisfaction. In 1994, CM acquired 846 acres of land for construction or expansion of two VAMCs and six cemeteries. The land will provide for expansion of VAMC Beckley, WV, and construction of a new VAMC at Brevard County, FL. The national cemeteries at Port Hudson, LA, Ft. Scott, KS, and Ft. Gibson, OK, will be expanded and new ones will be built at Albany, NY, Seattle, WA, and Dallas-Fort Worth, TX. A total of 56 design and construction contracts were awarded in FY 1994. All 18 construction bid openings were successful, meaning that the bids were for no more than the amount of available funding. Largest projects awarded this year were:

- Palo Alto, CA, \$101.9 million, replacement clinical/bed towers;
- Temple, TX, \$42 million, bed replacement building;
- Brooklyn, NY, \$37.8 million, outpatient addition;
- Newington, CT, \$37.8 million, medical center modernization; and
- North Chicago, IL, \$31.6 million, environmental improvements.

VHA accepted donations of Fisher Houses at VAMCs Albany, NY, and West Palm Beach, FL. The houses will be guest facilities for family members of hospitalized veterans.

## Enhanced-Use Leases

Under the Enhanced-Use Lease Authority, VHA enters into long-term leases for underutilized VA property to non-VA users for use compatible with VA programs. In return, VA receives facilities, services, or money for needs that would otherwise be unavailable or unaffordable. In FY 1994, VHA used this authority to obtain:

- A privately managed care clinic on the grounds at VAMC Minneapolis, MN, by leasing a parcel of land to a private health maintenance organization (HMO). The VAMC will receive clinical and research space at no cost and will participate with the HMO in joint managed care research and educational initiatives, as well as other sharing agreements for VHA specialized medical resources.
- A 125,000 net square foot Veterans Benefits Administration Regional Office collocated with the VAMC Houston, TX, at almost half the amount originally appropriated by Congress for a conventional acquisition. Further, VA will receive annual income from the enhanced-use development.
- A new child care facility at VAMC Washington, DC, operated by one of the leading child care providers in the United States, and the provision of child care at a discounted cost to VA employees -- all at no cost to VA.

## **Performance Agreement 2 -- BECOME AN EMPLOYER OF CHOICE**

A number of innovations and new procedures are making VHA an employer of choice. For example, education assistance programs in VHA are now comparable to the private sector. Canteens at VHA facilities throughout the Nation are converting to more contemporary menus and decor, 36 VAMCs across the Nation have on-site child care centers for employees' children, and many facilities have wellness and fitness programs.

### **Graduate Training**

The Graduate Healthcare Administration Training Program, based at VAMC San Antonio, TX, recruits, trains, and retains highly qualified, recently graduated individuals in health care administration for careers in VHA. The 12-month program supplements academic training with residencies or fellowships. Of the 33 students completing the program last year, 23 remained in VHA, primarily in training programs or as administrative officers.

### **Nurse Staffing**

VHA Nursing Service has begun implementing Expert Panel-Based Nurse Staffing and Resource Management Methodology, a system to replace outdated nursing guidelines. The new methodology uses expert panels comprised of nurses at each facility to determine staffing that will be required to deliver patient care. Thus, staff

becomes involved in overall resource management. Testing of the methodology found increased staff satisfaction and commitment and revealed creative ideas to improve the workplace.

### **Scholarships**

The Scholarships Program offers more than 400 students annually an opportunity to earn an associated health professions degree. The Tuition Support and Tuition Reimbursement Programs fund VA nursing employees and those in 16 other shortage disciplines to improve their career advancement and job performance. The Tuition Support and Tuition Reimbursement Programs require students to repay VHA with a period of obligatory service.

### **Teleconferences**

The Employee Education NETwork provided training to more than 170,000 employees this year. A total of 48 satellite teleconferences provided training to VAMCs on topics ranging from surgical procedures to health care reform planning. Each teleconference reached an average of 900 employees.

### **Career Enrichment**

The Grow-Our-Own Program continues to help VHA meet its staffing needs and, in turn, helps employees enrich their career potential. During FY 1994, 419 employees, including a substantial number of minorities, pursued education in a broad variety of health care disciplines. The nurse practitioner field was added to the program in FY 1994, and the number of allocations for physicians' assistants was increased.

In FY 1994, 41 former employees from the now-closed VAMC Martinez, CA, received associate and baccalaureate degrees in nursing through the program. When the VAMC was closed due to seismic deficiencies in late 1991, these employees returned to school to upgrade their skills and professional ratings. The alternative would have been separation from VHA employment. They now work at the VA Northern California System of Clinics or at the David Grant Medical Center at Travis Air Force Base, which is a VA/Department of Defense joint venture. Some will work at the new nursing home care unit that will be opened at Martinez in 1996. Several of the nurses received recognition for scholastic achievement, including one who graduated at the top of the class.

### **Paperless Timecard**

The paperless timecard has been introduced using DHCP software. Employees have on-line capability to view their leave balances, request leave, and check the status of leave requests. Supervisors can approve leave requests using an electronic signature. Time and



attendance reports are audited automatically and exceptions are recorded. The system greatly simplifies the task of timekeeping and the time needed to train timekeepers. It provides for uniform payroll policy across the Nation, an efficient way to retrieve records and reduce paper record storage requirements.

## **Performance Agreement 3 -- INTRODUCE MAJOR SERVICE IMPROVEMENTS**

### **Primary Care**

A major effort in VHA nationwide is expansion of primary care programs in which a team of practitioners provides continuous care to patients. These teams develop a rapport with the patients enabling the providers to better understand the needs, concerns, and history of each patient.

### **Mobile Clinics**

VHA's six mobile clinics continue to expand service to veterans in remote areas and to help VHA meet its mission of medical support in emergencies or natural disasters. The clinics' 40-foot motor coaches, equipped with examination rooms, administrative space, and communications equipment, are based at VAMCs Fayetteville, NC, Togus, ME, Poplar Bluff, MO, Prescott, AZ, Spokane, WA, and White River Junction, VT. An example of expanded service is the Togus clinic that has brought health screening and follow-up medical care to a poor, isolated, and medically underserved area of Maine. About 600 patients are followed on a regular basis with workload this year exceeding 4,000 visits.

### **Mailout Pharmacies**

A Consolidated Mail Outpatient Pharmacy (CMOP), providing automated mail prescription service, began operation in FY 1994 at VAMC Leavenworth, KS. Three more are in start-up phase and will become operational early in FY 1995 at VAMCs West Los Angeles, CA, Bedford, MA, and Dallas, TX. The automated service dramatically cuts turnaround time for prescriptions to be mailed to outpatients. In trials, CMOP has made inventory more predictable and manageable, significantly decreased overtime hours, and increased patient satisfaction. A toll-free telephone number allows patients to order prescription refills and check on the status of their medications further enhancing customer service.

### **Ambulatory Psychiatric Care**

At VAMC Houston, TX, the Psychiatry Service adopted ambulatory care as the main mode of treatment and

integrated inpatient and ambulatory care to provide a continuum of care. Four substance abuse units were integrated into a single program emphasizing continuity of care in an ambulatory care setting. The consolidation opened space for a new long-term care psychiatric unit. Results were increased continuity of care, reduced costs by shifting care to an outpatient basis, and expanded services by combining programs and allowing Psychiatry Service to open a long-term care unit.

### **Managing Resources**

The Managing Our Resources Effectively (MORE) program at VAMC Portland, OR, has become a pattern throughout the region. MORE decentralizes personnel dollars and abolishes full-time equivalent employee (FTEE) requirements. It makes managers responsible for matching the skill level to the position. Managers now effectively manage all aspects of personnel budgeting, including oversight of overtime and sick leave through an expanded database. Services that achieve a savings by the end of the fiscal year receive returned incentive dollars that may be used to fund other programs within guidelines. Portland was one of the first facilities to give service chiefs the opportunity to manage their personnel budgets. The MORE program allows the flexibility to make adjustments in anticipation of health care reform.

### **Self-Assessment**

During FY 1994, the Office of the Medical Inspector (OMI) assessed more than 1,000 boards of investigation for events that had the greatest impact on the quality of care to veterans, identified systemic and provider problems, and monitored the recommendations to ensure that proper actions had been taken. OMI performed in-depth investigations of 30 specific requests from Congress, veterans and their families, and the VA Inspector General concerning alleged quality of care deficiencies. It also monitored the plan to implement its 93 recommendations concerning improvement of health care delivery to guarantee accomplishment of these improvements.

Based on several years of work, OMI published self-assessment instruments covering informed consent, do-not-resuscitate orders, and cardiopulmonary resuscitation. These topics were chosen because OMI frequently encounters problems in these areas. These instruments provide a tool for VAMCs to become partners in their own monitoring.

### **Clinical Pathway**

VAMC Seattle, WA, used the Clinical Pathway to improve coordination and continuity of care and control cost. The multi-disciplinary, patient-focused approach linked time to expected patient outcomes. It served as a guide to the best possible patient care. A deviation from

the pathway was considered a variance, calling into action problem-solving groups to evaluate and make recommendations. The total hip and knee replacement population at Seattle was the first patient group that participated in the program. Preliminary results showed a reduction in length of stay and surgery cancellations and an increase in patient satisfaction.

## Automated Policies

In FY 1994, the White City, OR, domiciliary transferred all of its policies and procedures to DHCP. Thousands of pages have been eliminated and more than \$24 thousand in publishing and copying costs have been saved. The domiciliary won a Reinventing Government Silver Hammer Award for this program.

## Short Stay Care Unit

VAMC Portland, OR, opened its second Short Stay Care Unit (SSCU) in FY 1994. The first opened in 1990 to increase outpatient treatment for conditions previously treated on an inpatient basis. The unit provides treatment such as blood transfusion, gastro-intestinal procedures, day surgery, intravenous antibiotics, and HIV and AIDS care. The SSCU offers the same high-quality care while eliminating more costly hospital admissions. Average length of stay for the SSCU is 4-6 hours. After more than 10,000 patient visits, the SSCU has contributed to a 22 percent reduction of inpatient discharges.

## Expanded Post-Traumatic Stress Disorder Treatment

In FY 1994, clinical services for veterans suffering from post-traumatic stress disorder (PTSD) were enhanced by special funding for 18 new outpatient PTSD Clinical Teams, five new Evaluation and Brief Treatment PTSD Units, three new PTSD Residential Rehabilitation Programs, and four new Specialized Inpatient PTSD Units. A new *Prevention and Management of Suicidal Behavior Training Manual* was released this year with special material on preventing suicidal behavior in patients suffering from PTSD.

## Hearing Aid Delivery

Audiology and Speech Pathology Service redesigned the hearing aid delivery system with quality controls and computer-based ordering and monitoring to ensure timely service and follow-up care. The Service reduced veteran waiting time for hearing aid fitting and customization by half, increased the number of independent hearing aid clinics, and provided daily walk-in service in most clinics for hearing aid users needing hardware adjustment. It also provided advanced multi-channel cochlear implant prostheses and

rehabilitation to restore hearing for veterans having profound deafness.

## Contract Adult Day Care

A pilot program began at 115 VAMCs providing contract adult day health care, homemaker, and home health services to eligible veterans. The program is designed to obviate or delay the need for nursing home care for elderly disabled veterans. Initial response is extremely positive. A research project will evaluate the program during FY 1995.

## Expanded Care

During FY 1994, the VHA Geriatric and Extended Care program expanded in a number of ways:

- New Geriatric Evaluation and Management (GEM) programs were established at 8 VAMCs, bringing the total number of VAMCs with GEMs to 133.
- VHA obligated \$137.3 million for state home construction projects that will produce more than 2,200 additional nursing home beds and 57 additional domiciliary beds. Six new state veterans homes were recognized adding a total of 903 nursing home and 16 domiciliary beds.
- New Domiciliary Care for Homeless Veterans (DCHV) programs were developed at St. Louis, MO, (50 beds) and Brockton, MA, (46 beds). Treatment capabilities of DCHV programs at Leavenworth, KS, and Martinsburg, WV, were significantly enhanced.
- Construction of a new 120-bed nursing home care unit was completed at West Palm Beach, FL. Construction continues on a new 120-bed unit at New Orleans, LA, and replacement units of 120 beds each at Asheville, NC, and Bonham, TX, and an additional 210 beds at Salisbury, NC.
- New Hospital Based Home Care units were established at Des Moines, IA, Boise, ID, and Charleston, SC.
- The Office of Dentistry and the Office of Geriatrics and Extended Care conducted a dental needs assessment of homeless veterans.

## New Fellowships

In FY 1994, Office of Academic Affairs (OAA) added fellowships in women veterans health and medical informatics. The informatics fellowships will enable VHA to develop expertise in clinical applications of its large databases, facilitate inter-institutional coordination of patient care, create computer-based clinical decision



support systems, and improve patient care through use of remote and local rapid retrieval of text and imaging data.

## Quality Management

The Office of Quality Management (OQM) continues its external review programs. The External Peer Review Program finds that 98.1 percent of care in cases reviewed meets or exceeds community standards. The Joint Commission for Accreditation of Healthcare Organizations (JCAHO) scores continue to average five points higher than comparable private sector facilities for the third consecutive year.

## Income Verification

The Income Verification Match (IVM) Program began during FY 1994. The IVM program matches financial information provided to VA by veterans with information from Internal Revenue Service and the Social Security Administration. The veteran's financial information is forwarded electronically from VAMCs to the IVM Center in Atlanta, GA. If there are discrepancies in information from the three agencies, the veteran is asked to reconcile his income statement. The program enhances accuracy and consistency of demographic information by sending the most current data electronically to all VAMCs at which a veteran may seek medical care during a year. Also, erroneous information in records is identified and corrected. Preliminary results of more than 7,200 income verification cases indicated that 78 percent concur with income information provided to the IVM Center. Another benefit of the process has been identification of third party health insurance information from veterans, their spouses, and employers. This has resulted in identifying health insurance coverage not previously known to VHA for 7,564 patients that can be billed by the Medical Care Cost Recovery (MCCR) office.

## Decision Support System

The Decision Support System (DSS) provides data on patterns of care and patient outcomes linked to resources used and costs associated with care. It has been implemented at two VAMCs with installation underway at another 10. Using data from DHCP, it provides management information to physicians and managers at all levels to help them control resource use while providing quality patient care.

## Patient Data Exchange

The DHCP Patient Data Exchange (PDX) package has been implemented at almost all VAMCs. PDX is a set of software modules that manages the transfer of patient information (such as demographics, episodes of care, medication, and diagnostic evaluations) between VAMCs. The transferred data can be combined with

data in the local system to give a complete record of the patient's VHA care. PDX reduces the administrative load involved with patient transfers since data often arrives at the destination before the patient.

## Data Capture Pilot Project

The Data Capture Pilot Project, now underway at selected outpatient clinics, makes clinical documentation tasks easier, medical records more accurate and complete, and MCCR claims generation and recoveries faster. Three data capture technology approaches are being tested. These include optical scanning, pen-based notebook computers, and generic work stations with graphical user interfaces that allow voice, light pen, keyboard, standard mouse and touch screen data entry options.

This program also sparked development of a generic encounter interface. The interface allows the various types of commercially available data capture hardware to send data to all relevant DHCP applications, thus eliminating duplicative data collection and programming. This technology is being tested at the Data Capture Pilot Project sites. When it is implemented throughout the system, VHA will be ahead of all private sector hospitals in the Nation in use of this technology. During FY 1994, using procedural and technological enhancements, the CHAMPVA Center has reduced claim processing time. Currently, 95 percent of MCCR claims are completed in 21 days. Timeliness and cost of processing are expected to improve even more with implementation of electronic data interchange. The center also has redesigned its Explanation of Benefits form. Use of the new version has reduced mailing costs by \$270,000 a year in addition to savings in printing and paper.

## Laundry Modernization

The Environmental Management Service (EMS) managed 16 laundry modernization programs costing about \$63 million. As a result of efficiencies gained through these modernizations programs, EMS was nominated for the 1993 *Department of Energy's Federal Energy Efficiency Award*, after winning it in 1992. During FY 1994, 12 new agreements were established to provide laundry service for Department of Defense facilities, bringing to more than 50 the number of VHA laundries processing textiles for DoD installations.

## Sharing Agreements

Sharing agreements provide an important means to improve health care services available to veterans. These agreements, with affiliated medical schools and community providers, cover specialized medical resources (SMR) and scarce medical specialist services (SMSS). In FY 1994, VHA granted VAMCs greater flexibility in contracting for these services by eliminating VACO pre-award reviews of competitive contracts of less

than \$200,000 and non-competitive contracts of less than \$50,000. Also in FY 1994, VHA conducted one-time reviews of both SMR and SMSS to ensure that all active agreements and contracts were negotiated and executed in accordance with VA and Federal acquisition policy.

## **Facility Development Plans**

During FY 1994, VHA completed contracting for 52 facility development plans (FDP). FDPs, comprehensive VAMC master plans, provide for rational proposals for major, minor, minor miscellaneous, and non-recurring maintenance projects. The first FDP for a network of VAMCs (covering the four Chicago area VAMCs) was completed. At the end of FY 1994, 103 FDPs have been completed, 57 are in progress, and 4 remain to be contracted.

## **Reduced Construction Time**

CM has implemented a new process that reduces the time required to develop major construction projects by up-to-two years. Rather than completing schematic

design and design development prior to including a project in a budget submission, VA will base the budget request on a design program. The design and construction process has been shortened by up to 15 months. With other revisions and streamlining of the planning process, total time saved is as much as two years.

CM has automated VA design standards, consisting of 494 documents including design manuals, design guides, master specifications, and policy statements. The design standards are available on an electronic bulletin board available to VAMCs, VBA Regional Offices, and contracted private architectural and engineering firms. The new system reduces the number of construction contract change orders. Using a new expedited lease procedure, VAMC directors now can enter into leases for up to 10,000 net usable square feet and costing up to \$300,000. Time to negotiate a lease has been reduced by four to six weeks.

Table 6 -- Comparative Highlights

<i>Description</i>	<i>Fiscal Year 1994</i>	<i>Fiscal Year 1993</i>	<i>Percent Change</i>
<b>Facilities at end of year</b>			
Medical centers (hospital care and outpatient care)	172	171	0.6%
Nursing home care units (1)	128	128	0.0%
Domiciliary care units (1)	37	37	0.0%
Other Outpatient Clinics (2)	193	182	6.0%
Independent domiciliary and clinic	1	1	0.0%
<b>Employment</b>			
Full-time equivalent	208,858	209,643	-0.4%
<b>Obligations (millions)</b>	\$15,835	\$15,079	5.0%
Medical care	\$15,401	\$14,612	5.4%
Research in health care	\$292	\$279	4.7%
Medical administration and miscellaneous operating expenses	\$71	\$69	3.1%
Health professional scholarship program	\$10	\$10	0.0%
Other medical programs	\$62	\$110	-43.5%
<b>Inpatients treated (3)</b>	1,031,847	1,042,567	-1.0%
VA facilities	956,115	970,961	-1.5%
Hospitals	906,925	920,311	-1.5%
Nursing homes	30,926	31,668	-2.3%
Domiciliaries	18,264	18,982	-3.8%
Other facilities	75,732	71,606	5.8%
<b>Average daily inpatient census</b>	82,401	84,430	-2.4%
VA facilities	59,513	61,378	-3.0%
Hospitals	39,959	41,705	-4.2%
Nursing homes	13,504	13,476	0.2%
Domiciliaries	6,050	6,197	-2.4%
Other facilities	22,888	23,052	-0.7%
<b>Outpatient medical visits (4)</b>	25,442,540	24,236,095	5.0%
VA staff	24,419,396	23,144,396	5.5%
Fee basis	1,023,144	1,091,699	-6.3%

(1) Located within VA medical centers.

(2) Includes Independent, Satellite, Community-Based, Rural Outreach and Mobile Clinics.

(3) Inpatients treated are as reported in the Automated Management Information System (AMIS) and do not include inter/intra hospital transfers.

(4) Data are as reported in the AMIS. VA staff medical visits as reported from the outpatient clinic file are 23,313,617 for fiscal year 1993 and 24,419,396 for fiscal year 1994.

TABLE 7

## PROGRAM SUMMARY

**Table 7 -- Program Summary**  
**Inpatient and Outpatient Medical Care -- Fiscal Year 1994**

Location of VA Facility	Inpatient Care--Patients Treated (1)								Outpatient Medical Care	
	Hospitals			Nursing Homes			Domiciliaries			
	VAMC Hospital Care Component	Non-VA (2,3)	State Home (2,4)	VAMC Nursing Home Care Component	Community (2,3)	State Home (2,4)	VAMC Dom. Care Component	State Home (2,4)	Visits to VA Staff	Fee Basis Care
Departmentwide: Totals.....	906,925	20,377	2,056	30,926	29,096	17,873	18,244	6,453	24,134,839	1,023,144
Transfers.....	33,651	--	--	614	452	--	20	--	--	--
All facilities: Totals.....	940,576	20,377	2,056	31,540	29,548	17,873	18,264	6,453	24,134,839	1,023,144
Alabama: Birmingham.....	7,455	86	--	--	129	--	--	--	166,437	--
Montgomery.....	3,668	88	--	--	37	205	--	--	45,299	20,092
Tuscaloosa.....	4,016	3	--	236	19	--	--	--	65,562	--
Tuskegee.....	5,822	--	--	208	60	--	--	--	82,849	--
Alaska: Anchorage (ROC).....	46	1,700	--	--	55	--	71	--	57,349	33,113
Arizona: Phoenix.....	10,379	122	--	306	211	--	--	--	232,574	10,718
Prescott.....	2,533	12	--	77	177	--	706	--	77,304	--
Tucson.....	5,966	2	--	664	370	--	--	--	183,676	--
Arkansas: Fayetteville.....	3,733	--	--	--	60	--	--	--	76,726	--
Little Rock (6).....	16,696	214	--	307	397	34	268	15	288,136	27,375
California: Fresno.....	4,376	29	--	330	80	--	--	--	125,171	4,786
Livermore.....	1,365	87	--	206	31	--	--	--	49,131	--
Loma Linda.....	7,504	--	--	273	267	--	--	--	191,043	--
Long Beach.....	11,961	233	--	496	268	--	--	--	358,982	--
Los Angeles (IOC).....	--	--	--	--	--	--	--	--	158,800	349
Martinez.....	--	666	--	--	115	--	--	--	293,825	15,767
Palo Alto(6).....	10,389	117	--	775	583	--	212	--	278,897	13,420
San Diego.....	8,280	211	--	308	202	--	--	--	261,458	19,695
San Francisco.....	7,719	245	570	256	274	883	--	1,284	228,609	22,200
Sepulveda.....	1,788	176	--	72	107	--	--	--	250,206	--
West Los Angeles(6).....	15,683	52	--	318	609	--	956	--	407,912	--
Colorado: Denver.....	7,732	29	--	239	247	301	--	42	213,383	7,986
Fort Lyon.....	840	48	--	192	35	--	--	--	37,583	--
Grand Junction.....	2,428	--	--	71	67	--	--	--	42,410	--
Connecticut: Newington.....	2,713	66	717	--	102	--	--	971	80,393	7,083
West Haven.....	7,330	5	--	159	197	--	--	--	177,174	--
Delaware: Wilmington.....	3,142	23	--	129	90	455	--	--	80,271	2,091
Dist. of Columbia: Washington.....	10,295	124	--	233	222	368	--	124	241,055	3,740
Florida: Bay Pines.....	11,560	1,594	--	488	481	--	609	--	264,921	61,692
Gainesville.....	9,604	47	--	224	143	--	--	--	183,575	--
Lake City.....	6,059	6	--	216	59	--	--	--	89,620	--
Miami.....	12,051	235	--	421	246	--	--	--	396,341	--
Tampa.....	12,325	48	--	506	437	--	--	--	372,733	--
Georgia: Atlanta.....	8,662	422	--	225	291	--	--	--	176,838	44,653
Augusta(6).....	9,870	4	--	88	245	358	--	--	147,809	--
Dublin.....	4,588	2	--	174	153	396	743	135	74,004	--
Hawaii: Honolulu(ROC).....	--	2,009	--	--	52	--	--	--	81,929	15,956
Idaho: Boise.....	3,275	25	--	277	105	253	--	132	92,650	2,977

See footnotes at end of table.

**Table 7 (continued) -- Program Summary**  
**Inpatient and Outpatient Medical Care -- Fiscal Year 1994**

Location of VA Facility	Inpatient Care--Patients Treated (1)								Outpatient Medical Care	
	Hospitals			Nursing Homes			Domiciliaries			
	VAMC Hospital Care Compo- nent	Non-VA (2,3)	State Home (2,4)	VAMC Nursing Home Care Compo- nent	Community (2,3)	State Home (2,4)	VAMC Dom. Care Compo- nent	State Home (2,4)	Visits to VA Staff	Fee Basis Care
Illinois: Chicago (Lakeside).....	6,746	23	--	--	133	--	--	--	171,059	--
Chicago (West Side).....	8,177	225	--	--	340	--	--	--	265,084	11,016
Danville.....	6,271	43	--	358	142	--	--	--	122,187	--
Hines.....	13,080	75	--	495	543	515	--	15	273,266	--
Marion.....	4,858	21	--	133	283	--	--	--	92,650	--
North Chicago.....	4,465	40	--	554	476	--	211	--	146,396	--
Indiana: Fort Wayne.....	3,102	--	--	132	144	--	--	--	37,560	--
Indianapolis(6).....	7,995	182	--	218	305	417	--	78	183,679	21,416
Marion.....	2,418	--	--	100	79	--	--	--	54,701	--
Iowa: Des Moines.....	4,041	9	256	--	121	742	75	184	78,740	11,062
Iowa City.....	6,576	40	--	--	233	581	--	103	106,962	--
Knoxville.....	2,349	--	--	368	53	--	433	--	55,620	--
Kansas: Leavenworth.....	4,014	27	--	183	200	--	695	--	108,640	3,145
Topeka.....	5,178	23	--	159	82	--	--	--	142,153	3,467
Wichita.....	3,902	110	--	151	150	93	--	165	79,776	13,057
Kentucky: Lexington (6).....	8,570	14	--	215	115	299	--	--	130,061	--
Louisville.....	7,944	144	--	--	260	--	--	--	157,053	11,732
Louisiana: Alexandria.....	4,504	22	--	256	195	--	--	--	84,724	--
New Orleans.....	7,622	105	--	--	140	187	--	128	250,013	5,966
Shreveport.....	6,515	59	--	--	252	--	--	--	116,000	6,674
Maine: Togus.....	4,475	122	--	113	72	332	--	--	121,664	28,945
Maryland: Baltimore.....	7,157	76	--	--	179	--	--	--	239,150	6,862
Fort Howard.....	1,907	31	--	69	33	--	--	--	39,484	--
Perry Point.....	3,496	5	--	159	83	--	--	--	92,646	--
Massachusetts: Bedford.....	2,919	22	--	327	135	--	144	--	143,386	--
Boston.....	9,501	112	405	--	200	119	--	390	355,437	3,746
Brockton (6).....	7,818	--	--	195	258	--	--	--	235,745	--
Northampton.....	2,891	38	108	119	167	391	--	40	123,643	--
Michigan: Allen Park.....	8,154	219	--	155	88	661	--	103	208,982	10,748
Ann Arbor.....	6,489	16	--	407	181	--	--	--	169,602	--
Battle Creek.....	4,646	19	--	282	99	--	--	--	145,378	--
Iron Mountain.....	2,432	12	--	117	45	216	--	62	40,551	1,724
Saginaw.....	2,453	24	--	225	96	--	--	--	49,029	--
Minnesota: Minneapolis.....	14,629	508	--	801	715	537	--	285	331,284	18,530
St. Cloud.....	2,889	84	--	285	62	--	269	--	87,900	2,938
Mississippi: Biloxi (6).....	6,015	12	--	160	180	--	880	--	198,294	--
Jackson.....	9,107	77	--	248	258	208	--	--	136,795	15,083
Missouri: Columbia.....	7,670	11	--	126	292	--	--	--	84,852	--
Kansas City.....	7,834	138	--	--	375	--	--	--	160,354	15,366
Poplar Bluff.....	3,341	21	--	89	117	219	--	--	46,463	1,073
St. Louis (6).....	13,141	104	--	433	225	865	--	--	279,566	8,544

See footnotes at end of table.



TABLE 7

## PROGRAM SUMMARY

**Table 7 (continued) -- Program Summary**  
**Inpatient and Outpatient Medical Care -- Fiscal Year 1994**

Location of VA Facility	Inpatient Care--Patients Treated (1)								Outpatient Medical Care	
	Hospitals			Nursing Homes			Domiciliaries		Visits to VA Staff	Fee Basis Care
	VAMC Hospital Care Component	Non-VA (2,3)	State Home (2,4)	VAMC Nursing Home Care Component	Community (2,3)	State Home (2,4)	VAMC Dom. Care Component	State Home (2,4)		
Montana: Fort Harrison.....	3,527	16	--	--	173	128	--	52	43,196	12,185
Miles City.....	971	27	--	38	39	--	--	--	26,663	--
Nebraska: Grand Island.....	1,378	--	--	208	25	347	--	50	32,211	--
Lincoln.....	3,095	59	--	--	89	--	--	--	49,584	6,658
Omaha.....	6,059	44	--	--	188	277	--	6	108,156	--
Nevada: Las Vegas (IOC).....	--	108	--	--	--	--	--	--	106,804	2,587
Reno.....	3,910	58	--	415	109	--	--	--	122,044	7,200
New Hampshire: Manchester.....	2,691	77	--	358	84	172	--	--	82,933	6,199
New Jersey: East Orange.....	9,626	57	--	109	192	620	--	11	204,476	3,718
Lyons.....	3,723	--	--	332	51	--	155	--	73,626	--
New Mexico: Albuquerque.....	9,821	81	--	247	225	258	--	21	258,524	3,305
New York: Albany.....	6,469	57	--	306	257	--	--	--	186,461	7,062
Batavia.....	983	6	--	118	58	--	--	--	69,762	--
Bath.....	2,032	7	--	208	75	--	647	--	59,639	--
Bronx.....	6,272	14	--	237	125	--	--	--	230,835	--
Brooklyn (6).....	9,327	75	--	357	209	--	156	--	376,524	214
Buffalo.....	8,469	30	--	189	187	--	--	--	204,517	6,081
Canandaigua.....	2,165	4	--	140	34	--	175	--	74,359	--
Castle Point.....	2,223	9	--	187	74	--	--	--	56,686	--
Montrose.....	3,603	7	--	193	46	--	165	--	69,048	--
New York.....	7,837	57	--	--	89	--	--	--	312,765	1,212
Northport.....	6,407	6	--	270	142	646	--	--	249,112	--
Syracuse.....	5,226	135	--	208	95	184	--	--	132,144	14,055
North Carolina: Asheville.....	6,484	13	--	89	178	--	--	--	88,976	--
Durham.....	8,220	143	--	414	245	--	--	--	131,329	--
Fayetteville.....	4,349	8	--	90	150	--	--	--	100,447	--
Salisbury.....	3,987	111	--	181	202	--	--	--	93,196	47,686
North Dakota: Fargo.....	3,449	215	--	280	63	41	--	143	54,141	10,971
Ohio: Chillicothe.....	6,124	44	--	705	437	--	--	--	84,925	--
Cincinnati.....	6,688	159	--	106	223	--	189	--	158,974	3,499
Cleveland (6).....	10,462	255	--	330	262	415	1,159	231	342,239	8,349
Columbus (OC).....	--	273	--	--	--	--	--	--	112,108	20,230
Dayton.....	6,384	53	--	406	370	--	627	--	192,709	--
Oklahoma: Muskogee.....	4,274	98	--	--	208	--	--	--	127,340	24,138
Oklahoma City.....	8,780	59	--	--	314	1,646	--	61	215,845	--
Oregon: Portland (6).....	10,786	137	--	351	544	--	196	--	234,694	23,891
Roseburg.....	3,936	127	--	202	193	--	--	--	93,735	12,660
White City (Ind. Dom.).....	--	51	--	--	45	--	1,850	--	23,100	--

See footnotes at end of table.

**Table 7 (continued) -- Program Summary**  
**Inpatient and Outpatient Medical Care -- Fiscal Year 1994**

Location of VA Facility	Inpatient Care--Patients Treated (1)								Outpatient Medical Care	
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Pennsylvania: Altoona.....	2,397	63	--	93	52	649	--	337	43,699	9,893
Butler.....	2,249	29	--	206	92	--	256	--	54,844	2,411
Coatesville.....	3,168	31	--	318	172	--	390	150	68,361	1,191
Erie.....	2,028	41	--	47	122	102	--	122	63,098	2,059
Lebanon.....	3,777	61	--	275	151	--	--	--	78,040	7,931
Philadelphia.....	7,980	138	--	305	82	--	--	--	241,715	5,942
Pittsburgh (Highland Dr.)..	3,388	58	--	--	193	--	109	--	101,330	2,767
Pittsburgh (Univ. Dr.) (6)..	7,776	81	--	364	304	--	--	--	132,633	7,418
Wilkes-Barre.....	5,450	154	--	232	111	97	--	17	153,993	11,074
Philippines: Manila (ROC).....	--	1,001	--	--	--	--	--	--	9,650	--
Puerto Rico: San Juan.....	11,551	464	--	292	24	--	--	--	364,215	30,555
Rhode Island: Providence.....	4,251	35	--	--	203	312	--	32	170,151	5,642
South Carolina: Charleston.....	6,289	48	--	--	117	--	--	--	136,677	--
Columbia.....	6,545	615	--	187	181	473	--	--	177,943	20,827
South Dakota: Fort Meade.....	2,848	--	--	158	80	--	--	--	53,427	--
Hot Springs.....	2,441	--	--	--	56	62	554	134	64,171	--
Sioux Falls.....	3,538	114	--	130	84	--	--	--	64,675	8,391
Tennessee: Memphis.....	10,494	--	--	361	222	--	--	--	213,727	--
Mountain Home.....	6,937	76	--	168	375	--	1,000	--	176,215	--
Murfreesboro.....	4,886	22	--	256	122	283	--	--	103,371	--
Nashville.....	8,316	95	--	--	182	--	--	--	163,920	8,254
Texas: Amarillo.....	4,000	17	--	177	235	--	--	--	126,877	7,794
Big Spring.....	2,951	--	--	103	90	--	--	--	37,314	--
Bonham.....	1,767	16	--	219	153	--	417	--	49,554	--
Dallas.....	11,791	201	--	365	450	--	130	--	310,449	16,408
El Paso (IOC).....	--	864	--	--	19	--	--	--	84,300	10,740
Houston.....	17,709	39	--	246	359	--	--	--	397,542	1,786
Kerrville.....	3,485	2	--	221	120	--	--	--	41,603	--
Marlin.....	1,542	--	--	--	61	--	--	--	18,035	--
San Antonio.....	13,014	331	--	452	247	--	--	--	319,120	11,569
Temple.....	7,408	22	--	214	269	--	828	--	211,593	--
Waco.....	4,157	69	--	196	127	--	142	--	90,196	7,072
Utah: Salt Lake City.....	7,811	49	--	--	400	93	--	--	151,603	10,480
Vermont: White River Junction.....	3,578	62	--	153	74	280	--	43	82,534	2,483
Virginia: Hampton.....	5,166	32	--	254	150	--	1,055	--	176,981	529
Richmond.....	11,968	12	--	150	257	--	--	--	213,059	--
Salem.....	7,242	340	--	327	120	--	--	68	176,722	20,821
Washington: American Lake.....	2,386	311	--	126	129	--	252	--	141,202	11,213
Seattle.....	8,967	148	--	209	530	434	--	218	219,302	15,309
Spokane.....	2,840	84	--	222	109	--	--	--	76,458	6,867
Walla Walla.....	1,528	29	--	206	85	--	--	--	36,121	4,926

See footnotes at end of table.

TABLE 7

## PROGRAM SUMMARY

**Table 7 (continued) -- Program Summary**  
**Inpatient and Outpatient Medical Care -- Fiscal Year 1994**

Location of VA Facility	Inpatient Care--Patients Treated (1)								Outpatient Medical Care	
	Hospitals			Nursing Homes			Domiciliaries			
	VAMC Hospital Care Component	Non-VA (2,3)	State Home (2,4)	VAMC Nursing Home Care Component	Community (2,3)	State Home (2,4)	VAMC Dom. Care Component	State Home (2,4)	Visits to VA Staff	Fee Basis Care
West Virginia: Beckley.....	3,001	4	--	73	86	--	--	--	40,502	--
Clarksburg.....	3,633	1	--	--	246	--	--	--	72,301	--
Huntington.....	4,762	41	--	--	329	--	--	199	83,985	11,848
Martinsburg.....	4,818	5	--	201	158	--	727	--	129,085	1,159
Wisconsin: Madison.....	5,329	13	--	--	45	660	--	126	74,145	--
Milwaukee.....	8,193	225	--	377	206	--	813	--	250,097	18,591
Tomah.....	2,761	3	--	158	151	--	--	--	56,917	--
Wyoming: Cheyenne.....	1,760	108	--	71	52	59	--	75	43,786	2,507
Sheridan.....	1,819	--	--	48	37	--	--	101	24,610	--

(1) Number of discharges and deaths during FY1994, plus the number on the rolls (bed occupants and patients on authorized leave of absence) on September 30, 1994. Transfers to another facility are included in the count of discharges for each facility.

(2) As reported by VA authorizing facility.

(3) Authorized and paid for by VA.

(4) Supported by VA.

(5) Medical visits to private physicians authorized by VA on a fee-for-service basis.

(6) Includes data for two divisions of the VA medical center.

**Table 8 -- Program Summary**  
**Inpatient and Outpatient Dental Care -- Fiscal Year 1994**

State	Facility	Inpatient Care			Outpatient Care			
		Visits	Treatment Cases Completed	Inter-disciplinary Consultations	Staff		Fee	
					Visits	Cases Completed	Cases Completed	
Departmentwide: Totals.....		420,410	55,875	65,620	789,672	146,262	16,847	
Alabama:	Birmingham .....	4,164	240	283	11,096	952	--	
	Montgomery .....	3,740	--	217	4,414	505	98	
	Tuscaloosa .....	5,945	541	434	1,723	404	--	
	Tuskegee .....	6,242	1,590	906	2,806	815	--	
Alaska:	Anchorage (ROC).....	85	18	--	2,133	331	209	
Arizona:	Phoenix .....	767	436	386	5,383	2,226	492	
	Prescott .....	2,391	338	244	1,564	232	20	
	Tucson .....	1,149	154	198	5,452	1,120	--	
Arkansas:	Fayetteville .....	113	43	89	3,315	1,017	5	
	Little Rock .....	10,034	521	1,300	7,644	1,226	131	
California:	Bakersfield (SOC).....	--	--	--	1,128	22	--	
	Fresno .....	429	6	25	3,588	569	--	
	Livermore .....	1,689	22	852	2,555	254	--	
	Loma Linda .....	1,519	1,506	311	9,568	1,785	--	
	Long Beach .....	3,293	362	743	8,395	1,845	--	
	Los Angeles (IOC).....	--	--	--	4,395	1,159	5	
	Martinez(IOC).....	--	--	--	3,829	496	462	
	Palo Alto .....	1,644	490	472	5,012	1,147	27	
	Palo Alto (Menlo Park).....	3,238	510	789	811	175	--	
	Sacramento (SOC).....	--	--	--	3,923	609	--	
	San Diego .....	740	112	155	9,767	2,592	107	
	San Francisco.....	625	95	476	4,105	291	257	
	Sepulveda .....	1,182	22	235	6,262	1,799	39	
	West Los Angeles.....	8,121	1,124	1,978	11,222	2,656	55	
	Colorado:	Denver .....	662	10	258	7,778	898	16
		Fort Lyon .....	2,061	504	157	934	369	--
Grand Junction .....		404	130	139	1,029	262	5	
Connecticut:	Newington .....	582	64	171	3,931	627	130	
	West Haven .....	972	211	523	2,825	626	--	
Delaware:	Wilmington .....	850	107	154	4,807	759	--	
District of Columbia:	Washington.....	1,953	348	495	10,074	1,586	550	
Florida:	Bay Pines .....	6,117	481	775	9,886	1,884	1,342	
	Daytona (SOC).....	1	--	--	2,443	604	--	
	Fort Myers (SOC).....	--	--	--	2,510	845	--	
	Gainesville .....	1,171	66	156	5,772	983	--	
	Jacksonville (SOC).....	3	--	1	3,737	627	--	
	Lake City .....	15,106	1,003	349	2,267	766	--	
	Miami .....	4,017	39	395	9,856	968	--	
	Oakland Park (SOC).....	--	--	--	5,236	1,429	--	
	Orlando (SOC).....	--	--	--	3,292	1,704	--	
	Pensacola (SOC).....	--	--	--	2,709	1,155	--	
	Riviera Beach (SOC).....	1	--	1	4,517	1,053	--	
	Tampa .....	1,344	203	604	8,164	1,324	--	
	Georgia:	Atlanta .....	3,837	400	332	9,167	1,961	1,143
		Augusta .....	587	153	274	541	131	--
		Augusta (Lenwood Div.).....	4,736	1,316	655	4,218	1,372	--
		Dublin .....	1,959	454	592	1,491	296	--
Hawaii:	Honolulu (ROC).....	1	1	--	2,172	603	264	
Idaho:	Boise.....	976	192	186	3,253	738	133	
Illinois:	Chicago (Lakeside).....	942	221	810	2,767	855	--	
	Chicago (West Side) .....	5,239	80	63	13,322	2,168	179	
	Danville .....	3,725	556	514	2,490	442	--	
	Hines .....	6,031	418	868	10,222	939	--	
	Marion .....	1,750	299	670	2,772	765	--	
	North Chicago .....	7,331	755	1,141	2,402	147	--	
	Peoria (SOC).....	--	--	--	1,263	320	--	

TABLE 8

## PROGRAM SUMMARY

**Table 8 (continued) -- Program Summary**  
**Inpatient and Outpatient Dental Care -- Fiscal Year 1994**

State	Facility	Inpatient Care			Outpatient Care		
		Visits	Treatment Cases Completed	Inter- disciplinary Consultations	Staff		Fee
					Visits	Cases Completed	Cases Completed
Indiana:	Crown Point (SOC).....	7	--	5	957	207	--
	Fort Wayne .....	714	119	59	1,142	611	--
	Indianapolis.....	1,594	30	143	6,672	1,484	160
	Marion .....	3,468	955	373	1,294	370	--
Iowa:	Des Moines .....	2,463	69	168	2,777	710	202
	Iowa City .....	705	295	146	4,415	815	--
	Knoxville .....	4,855	654	311	829	123	--
Kansas:	Leavenworth.....	3,292	454	540	2,661	250	--
	Topeka .....	2,362	28	1,093	2,634	529	--
	Wichita .....	1,163	74	184	2,444	660	59
Kentucky:	Lexington .....	2,905	983	126	1,719	1,165	--
	Lexington (Cooper Dr.).....	2,540	403	101	4,868	1,455	--
	Louisville .....	827	140	377	6,481	1,172	78
Louisiana:	Alexandria .....	1,381	168	428	2,443	333	--
	Baton Rouge (SOC).....	--	--	--	964	226	--
	New Orleans .....	1,178	125	488	5,491	1,158	46
	Shreveport .....	505	123	263	3,467	1,005	71
Maine:	Togus .....	756	173	331	3,763	845	607
Maryland:	Baltimore .....	140	45	28	4,821	964	60
	Fort Howard .....	1,497	131	183	503	40	--
	Perry Point .....	4,328	288	445	1,905	216	--
Massachusetts:	Bedford .....	4,121	592	790	3,542	319	--
	Boston .....	1,183	33	317	4,836	956	164
	Boston (SOC).....	--	--	--	8,438	543	--
	Brockton .....	2,738	209	294	5,299	491	--
	Northampton .....	1,701	723	329	2,184	703	--
	West Roxbury.....	359	22	194	3,681	335	--
Michigan:	Allen Park .....	1,281	60	326	5,961	734	270
	Ann Arbor .....	1,249	25	538	4,163	137	--
	Battle Creek .....	2,489	448	553	2,091	346	--
	Grand Rapids (SOC).....	3	1	--	1,204	296	--
	Iron Mountain .....	374	20	120	1,175	174	173
	Saginaw .....	488	4	160	1,400	726	--
Minnesota:	Minneapolis .....	1,505	14	648	6,627	688	274
	St. Cloud .....	4,615	462	547	2,321	141	8
Mississippi:	Biloxi .....	6,261	420	182	2,721	807	--
	Biloxi (Gulfport) .....	2,785	625	29	862	187	--
	Jackson .....	2,167	212	534	5,598	1,327	29
Missouri:	Columbia .....	882	163	312	3,542	473	--
	Kansas City .....	2,779	170	116	6,589	1,105	2
	Poplar Bluff .....	1,476	203	118	1,916	722	1
	St. Louis .....	797	99	355	5,430	948	--
	St. Louis (Jefferson Barracks).....	3,723	379	1,783	1,912	696	--
Montana:	Fort Harrison .....	838	71	61	1,280	177	295
	Miles City .....	650	205	3	284	99	--
Nebraska:	Grand Island .....	770	420	73	1,557	317	--
	Lincoln .....	739	104	106	1,786	329	--
	Omaha .....	2,855	68	171	3,583	819	105
Nevada:	Las Vegas (IOC).....	--	--	--	3,576	1,667	186
	Reno .....	623	130	164	1,665	679	3
New Hampshire:	Manchester .....	1,581	109	686	4,259	774	--
New Jersey:	East Orange (Ocean City) .....	2	--	--	1,322	398	--
	East Orange .....	5,019	337	526	7,841	1,208	34
	Lyons .....	6,884	753	899	3,585	449	--
New Mexico:	Albuquerque .....	1,437	106	312	6,593	960	224



**Table 8 (continued) -- Program Summary**  
**Inpatient and Outpatient Dental Care -- Fiscal Year 1994**

State	Facility	Inpatient Care			Outpatient Care		
		Visits	Treatment Cases Completed	Inter- disciplinary Consultations	Staff		Fee
					Visits	Cases Completed	Cases Completed
New York:	Albany .....	3,860	420	336	6,790	700	80
	Batavia .....	1,048	234	105	1,659	390	--
	Bath .....	3,644	324	71	1,334	140	--
	Bronx .....	3,406	378	123	5,619	438	--
	Brooklyn .....	2,128	12	398	8,196	266	--
	Brooklyn (St. Albans).....	3,064	153	1,029	2,166	428	--
	Buffalo .....	5,161	1,725	587	7,425	1,962	16
	Canandaigua .....	3,524	1,246	523	2,603	327	--
	Castle Point .....	1,274	87	217	3,852	640	--
	Montrose .....	4,237	222	495	3,282	250	--
	New York .....	2,908	621	83	15,917	1,859	12
	Northport .....	11,830	830	908	7,621	666	--
	Syracuse .....	507	11	28	3,483	259	191
North Carolina:	Asheville.....	931	163	596	4,435	765	--
	Durham.....	1,569	87	704	4,173	462	--
	Fayetteville.....	1,075	26	207	6,025	1,167	381
	Salisbury.....	2,184	465	551	2,694	824	131
North Dakota:	Fargo .....	1,042	74	272	2,553	749	316
Ohio:	Canton (SOC).....	--	--	--	2,632	515	--
	Chillicothe .....	5,777	538	687	2,888	470	--
	Cincinnati .....	2,315	289	299	3,262	614	--
	Cleveland .....	2,876	184	82	6,696	902	--
	Cleveland (Brecksville).....	4,003	527	1,075	1,295	210	15
	Columbus (IOC).....	--	--	--	6,105	1,797	44
	Dayton .....	12,417	395	289	6,808	581	--
	Toledo (SOC).....	14	1	7	2,638	877	--
	Muskogee .....	93	28	67	2,861	967	173
	Oklahoma City .....	293	2	120	4,924	140	--
Oklahoma:	Tulsa (OCS).....	2	--	--	1,763	740	--
	Oregon: Portland .....	2,694	109	891	8,484	1,205	214
Oregon:	Roseburg .....	2,380	391	338	1,098	349	167
	White City (Ind. Domiciliary).....	4,674	882	14	795	154	--
	Pennsylvania: Allentown (SOC).....	3	--	2	1,637	104	--
Pennsylvania:	Altoona .....	2,005	937	61	1,013	409	8
	Butler .....	2,271	28	397	1,032	348	4
	Coatesville .....	3,789	876	744	831	155	--
	Erie .....	1,760	13	23	2,001	234	10
	Lebanon .....	1,787	181	387	2,447	517	178
	Philadelphia .....	326	110	145	2,806	741	49
	Pittsburgh (Aspinwall).....	2,027	209	188	334	52	--
	Pittsburgh (Highland Dr.) .....	2,824	125	626	4,051	440	15
	Pittsburgh (University Dr.) .....	2,056	123	212	4,601	712	--
	Wilkes-Barre .....	2,216	3	558	4,162	505	36
	Puerto Rico: Mayaguez (SOC).....	--	--	--	3,305	539	530
Puerto Rico:	San Juan .....	2,462	805	793	8,769	1,714	--
	Rhode Island: Providence .....	142	21	23	5,061	849	123
South Carolina:	Charleston .....	1,143	236	158	4,480	821	--
	Columbia .....	1,142	8	377	6,917	993	14
	Greenville (SOC).....	1	--	1	1,770	523	--
South Dakota:	Fort Meade .....	1,337	517	298	1,212	532	--
	Hot Springs .....	1,757	60	57	369	40	--
	Sioux Falls .....	727	209	315	2,188	507	267
Tennessee:	Chattanooga (SOC).....	1	--	--	1,973	185	--
	Knoxville (SOC).....	1	--	--	574	6	--
	Memphis .....	2,189	219	575	7,025	1,173	--
	Mountain Home .....	3,868	1,259	778	2,805	872	--
	Murfreesboro .....	4,117	1,961	416	2,091	590	--
	Nashville .....	8,215	813	255	7,170	2,580	257

TABLE 8

## PROGRAM SUMMARY

**Table 8 (continued) -- Program Summary**  
**Inpatient and Outpatient Dental Care -- Fiscal Year 1994**

State	Facility	Inpatient Care			Outpatient Care		
		Visits	Treatment Cases Completed	Inter- disciplinary Consultations	Staff		Fee
					Visits	Cases Completed	Cases Completed
Texas:	Amarillo .....	1,404	74	257	1,889	159	--
	Austin (SOC).....	1	--	--	2,423	451	--
	Beaumont (SOC).....	1	--	--	955	397	--
	Big Spring .....	1,374	219	215	1,858	201	--
	Bonham .....	707	149	170	1,318	325	--
	Dallas .....	4,466	470	284	8,310	1,527	564
	El Paso (IOC).....	--	--	--	2,968	550	1,035
	Houston .....	2,735	256	907	11,399	1,630	145
	Kerrville .....	3,025	942	245	1,221	572	--
	Lubbock (SOC).....	5	--	1	1,501	249	240
	Marlin .....	1,254	460	49	518	71	--
	San Antonio .....	2,081	20	589	11,390	947	737
	Temple .....	3,155	971	503	8,746	1,701	--
	Waco .....	4,551	721	692	2,615	745	68
	Utah: Salt Lake City .....	739	171	138	4,928	857	101
Vermont:	White River Jct .....	1,832	77	206	2,750	454	40
Virginia:	Hampton .....	1,878	202	620	6,312	859	--
	Richmond .....	2,846	377	526	6,927	1,555	--
	Salem .....	1,068	88	357	4,082	812	179
Washington:	American Lake .....	831	447	385	4,001	939	351
	Seattle .....	1,416	329	287	5,100	802	364
	Spokane .....	357	98	34	2,641	417	50
	Walla Walla .....	408	23	126	884	321	98
West Virginia:	Beckley .....	356	11	141	1,828	141	--
	Clarksburg .....	659	130	193	2,012	236	--
	Huntington .....	139	13	48	2,783	683	--
	Martinsburg .....	2,734	212	480	3,252	338	--
Wisconsin:	Madison .....	344	49	113	1,985	213	--
	Milwaukee .....	4,599	733	1,652	7,731	966	919
	Tomah .....	4,083	679	66	1,438	296	--
Wyoming:	Cheyenne .....	534	13	115	1,618	255	5
	Sheridan .....	1,210	219	316	579	138	--

**Table 9 -- Applications for Medical Care  
Fiscal Year 1994**

Item	Total Applications Received (1)	Disposition					All Others (2)
		Total	Hospital	Nursing Home Care	Domiciliary	Outpatient Care	
<b>Applications--total.....</b>	<b>2,964,882</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
Veterans--total.....	2,932,968	2,932,222	552,060	7,018	6,675	2,249,814	116,655
Mandatory category--total.....	2,845,557	2,844,829	541,506	6,857	6,595	2,182,567	107,304
Service-connected.....	1,158,917	1,158,525	209,802	3,168	1,612	901,335	42,608
Low income.....	1,382,245	1,388,707	261,842	2,838	4,215	1,056,267	63,545
Other mandatory category (3).....	304,395	297,597	69,862	851	768	224,965	1,151
Discretionary category.....	87,411	87,393	10,554	161	80	66,912	9,686
Not agreeing to deductible.....	261	--	--	--	--	--	--
Nonveterans.....	31,914	--	--	--	--	--	--

(1) Applications received do not equal total dispositions due to the pending applications at the beginning and end of the fiscal year.

(2) Medically examined, no further care required; cancelled; ineligible; modality not available; referred to other facility; or pending evaluation.

(3) Includes former POWs, veterans exposed to agent orange/ionizing radiation, World War I and Spanish American War veterans, VA pensioners, and Medicaid recipients.

**Table 10 -- Hospital and Extended Care by Type of Facility--Fiscal Year 1994**

Facility	Average Operating Beds (1,2)	Average Daily Census (3)	Occupancy Rate (4)	Admissions (5)	Discharges and Deaths (5)	Patients Treated (6)	Patients Remaining on September 30, 1994
<b>Departmentwide totals (7).....</b>	<b>75,285</b>	<b>59,506</b>	<b>79.0</b>	<b>950,261</b>	<b>983,320</b>	<b>1,065,601</b>	<b>82,281</b>
Total hospital care.....	53,093	40,647	76.6	891,148	924,710	963,009	38,299
VA total.....	53,093	39,953	75.3	869,205	902,838	940,576	37,738
Medical.....	27,202	20,515	75.4	477,335	485,548	504,809	19,261
Medical care.....	15,315	11,170	72.9	431,863	414,235	424,140	9,905
Intermediate care.....	8,252	6,768	82.0	9,917	30,961	37,637	6,676
Neurology.....	1,122	746	66.5	22,920	22,697	23,450	753
Rehabilitation medicine.....	1,111	742	66.8	5,377	9,796	10,631	835
Spinal cord injury.....	1,219	933	76.5	6,300	6,863	7,798	935
Blind rehabilitation.....	183	157	85.8	958	996	1,153	157
Surgical.....	8,552	5,317	62.2	224,965	235,045	239,921	4,876
Psychiatric.....	17,339	14,121	81.4	166,905	182,245	195,846	13,601
Non-VA.....	N/A	339	N/A	20,262	20,183	20,377	194
State home.....	N/A	355	N/A	1,681	1,689	2,056	367
Total domiciliary care.....	7,305	9,359	N/A	14,194	14,819	24,697	9,878
VA.....	7,305	6,051	82.8	11,500	12,174	18,244	6,070
State home.....	N/A	3,308	N/A	2,694	2,645	6,453	3,401
Total nursing home care.....	14,887	33,405	N/A	44,919	43,791	77,895	34,104
VA.....	14,887	13,502	90.7	17,491	16,974	30,926	13,952
Community.....	N/A	8,981	N/A	20,032	20,330	29,096	8,766
State home.....	N/A	10,922	N/A	7,396	6,487	17,873	11,386

(1) Based on the number of operating beds at the end of each month (September 1993--September 1994). Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on a diagnostic basis.

(2) Operating beds not reported for non-VA hospitals, state home care facilities, and community nursing homes.

(3) Number of patient days during the fiscal year divided by the number of days in the fiscal year.

(4) Average daily census as a percent of average number of operating beds. Not applicable nationally due to community and non-VA hospital beds.

(5) Excludes inter- and intra-VA hospital admissions and discharges (transfers).

(6) Discharges and deaths during the fiscal year plus the number of patients on the rolls at the end of the fiscal year.

(7) Average Operating Beds, Average Daily Census, and Occupancy Rate totals are for VA facilities only.

NOTE: Non-VA hospitals excluded state home hospitals, and includes hospital care authorized and paid by VA.

**Table 11 -- VA and Non-VA Facilities: Average Obligations**  
(In thousands)

Type of Facility	Average Obligations per Patient Treated		Average Obligations per Patient Day	
	FY 1994	FY 1993	FY 1994	FY 1993
VA hospitals				
All bed sections.....	\$8,810	\$8,413	\$568.08	\$526.73
Medical bed sections .....	7,679	7,337	715.01	662.09
Surgical bed sections.....	9,611	8,980	1,187.64	1,057.27
Psychiatric bed sections.....	8,683	8,487	329.83	312.20
Intermediate bed sections.....	18,550	18,012	279.25	256.83
Non-VA (contract) hospitals (1).....	7,130	6,703	1,217.52	1,108.83
VA nursing home care units.....	32,371	30,521	207.20	196.51
Community nursing homes (1).....	11,708	11,180	106.29	98.16
VA domiciliaries.....	12,233	11,630	101.00	97.55
State homes (1)				
Hospital care.....	2,644	2,245	31.03	27.61
Nursing home care.....	6,989	6,413	31.03	27.61
Domiciliary care.....	2,640	2,519	13.25	11.79

(1) Totals reflect direct obligations and exclude support costs for this activity.

**Table 12 -- Total Health Care: Obligations by Program and Appropriation**

Item	Obligations (In thousands)	
	FY 1994	FY 1993
Total.....	\$15,836,106	\$15,079,481
Medical care.....	15,400,526	14,612,138
Inpatient care.....	10,218,760	9,812,031
Hospitals.....	8,442,108	8,156,620
VA hospitals.....	8,281,743	8,010,050
Contract hospitals.....	154,232	141,416
State home hospitals.....	6,133	5,154
Nursing homes.....	1,534,193	1,416,230
VA nursing homes.....	1,021,301	966,561
Community nursing homes.....	375,543	335,399
State nursing homes.....	137,349	114,270
Domiciliaries.....	242,459	239,181
VA domiciliaries.....	223,079	220,746
State domiciliaries.....	19,380	18,435
Outpatient care (staff and fee).....	4,371,782	4,085,383
CHAMPVA.....	92,519	95,708
Miscellaneous benefits and services.....	717,465	619,016
Medical administration and miscellaneous		
operating expenses.....	70,753	68,884
Health professional scholarship.....	10,372	10,113
Medical and prosthetic research.....	292,345	278,604
Medical research.....	238,979	233,736
Rehabilitative research.....	28,543	24,439
Health services research.....	24,823	20,429
Other medical programs.....	62,110	109,742
Grants for construction.....	61,752	109,013
Grants to the Republic of the Philippines.....	358	729

## INPATIENT CARE

TABLE 13

**Table 13 -- VA Medical Centers (Hospital Care Component), Non-VA and State Home Hospitals:  
Admissions, Discharges and Deaths, and Remaining by Bed Section--Fiscal Year 1994**

Item	Total	Type of Bed Section (1)		
		Medical	Surgical	Psychiatric
Admissions (2)				
All hospitals (1).....	891,148	491,480	227,484	170,503
VA medical centers--total.....	869,205	477,335	224,965	166,905
Non-VA hospitals--total.....	20,262	14,145	2,519	3,598
Federal government hospitals--total.....	2,714	1,232	745	737
Army.....	2,258	898	639	721
Air Force.....	367	297	57	13
Navy.....	89	37	49	3
State and local government hospitals.....	6,115	4,163	632	1,320
Non-public hospitals.....	11,433	8,750	1,142	1,541
State home hospitals.....	1,681	--	--	--
Discharges and Deaths				
All hospitals (1).....	891,059	478,384	230,445	180,541
VA medical centers--total.....	869,187	464,386	227,873	176,928
Non-VA hospitals--total.....	20,183	13,998	2,572	3,613
Federal government hospitals--total.....	2,732	1,211	769	752
Army.....	2,277	885	657	735
Air Force.....	364	289	62	13
Navy.....	91	37	50	4
State and local government hospitals.....	6,100	4,115	658	1,327
Non-public hospitals.....	11,351	8,672	1,145	1,534
State home hospitals.....	1,689	--	--	--
Bed Occupants Remaining				
All hospitals (1).....	38,119	19,277	4,883	13,603
VA medical centers--total.....	37,603	19,216	4,860	13,527
Non-VA hospitals--total.....	160	61	23	76
Federal government hospitals--total.....	59	26	12	21
Army.....	51	20	10	21
Air Force.....	8	6	2	--
Navy.....	--	--	--	--
State and local government hospitals.....	33	9	6	18
Non-public hospitals.....	68	26	5	37
State home hospitals.....	356	--	--	--
Absent Bed Occupants Remaining				
Total absent bed occupants (i.e., patients on leave of absence) remaining on September 30, 1994.....	169	76	17	76
VA medical centers--total.....	135	45	16	74
All other hospitals.....	34	31	1	2

(1) Bed section totals exclude data by bed section for state home hospitals, which are not available.

(2) Excludes interhospital transfers for VA medical centers, but includes transfer for all other hospitals.

NOTE: Non-VA hospitals excludes state home hospitals, but includes hospital care authorized and paid by VA.



TABLE 14

## INPATIENT CARE

**Table 14 -- VA Medical Centers--Hospital Care Component and Non-VA (Contract) Hospitals:  
Patient Movement by Type of Bed Section--Fiscal Year 1994**

Item	VA Medical Centers				Non-VA (Contract) Hospitals						
	Total	Type of Bed Section (1)			Total	Type of Bed Section			Type of Hospital		
		Medical (2)	Surgical	Psychiatric		Medical	Surgical	Psychiatric	Federal (3)	State and Local	Non-Public (4)
Gains--total.....	1,033,604	575,094	264,501	194,009	20,322	14,169	2,545	3,608	2,741	6,121	11,460
Admissions.....	869,205	477,335	224,965	166,905	20,234	14,128	2,514	3,592	2,686	6,115	11,433
Transfers in (5).....	29,605	16,633	7,632	5,340	(6)	(6)	(6)	(6)	(6)	(6)	(6)
Changes in bed sections.....	134,794	81,126	31,904	21,764	88	41	31	16	55	6	27
Losses--total.....	1,037,749	576,678	265,582	195,489	20,260	14,066	2,588	3,606	2,758	6,144	11,358
Discharges--total.....	836,390	435,207	224,379	176,804	19,639	13,538	2,500	3,601	2,633	5,951	11,055
To ambulatory care.....	534,336	297,175	167,232	69,929	(7)	(7)	(7)	(7)	(7)	(7)	(7)
Other.....	302,054	138,032	57,147	106,875	19,639	13,538	2,500	3,601	2,633	5,951	11,055
Deaths.....	32,797	29,179	3,494	124	515	446	65	4	70	149	296
Transfers out (5).....	33,651	21,162	7,172	5,317	(7)	(7)	(7)	(7)	(7)	(7)	(7)
Changes in bed sections.....	134,911	91,130	30,537	13,244	106	82	23	1	55	44	7
Remaining -- end of fiscal year.....	37,738	19,261	4,876	13,601	194	92	24	78	59	35	100
Bed occupants.....	37,603	19,216	4,860	13,527	160	61	23	76	59	33	68
On leave of absence.....	135	45	16	74	34	31	1	2	--	2	32
Patients treated											
System-wide (net total) (8).....	906,925	483,647	232,749	190,529	20,348	14,076	2,589	3,683	2,762	6,135	11,451
Sum of hospitals (9).....	940,576	504,809	239,921	195,846	--	--	--	--	--	--	--
Sum of bed sections (10).....	1,075,487	595,939	270,458	209,090	--	--	--	--	--	--	--
Average daily census (11).....	39,959	20,516	5,319	14,124	347	206	48	93	59	102	185
Total--excluding days on authorized leave of 96 hours or less.....	39,305	20,225	5,201	13,879	--	--	--	--	--	--	--

(1) Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on a diagnostic basis.

(2) Medical bed sections include medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine, and blind rehabilitation.

(3) Includes Department of Defense and Public Health Service hospitals.

(4) Includes Veterans Memorial Medical Center, Manila, Republic of the Philippines.

(5) Includes only patients transferred as VA beneficiaries.

(6) Included with admissions.

(7) Included with "Discharges--Other."

(8) The number of discharges and deaths during the fiscal year plus the number of patients remaining on the rolls at the end of the fiscal year.

(9) The number of discharges and deaths during the fiscal year plus the number of patients remaining on the rolls at the end of the fiscal year plus the number of patients transferred to other hospitals.

(10) The number of discharges and deaths during the fiscal year plus the number of patients remaining on the rolls at the end of the fiscal year plus the number of changes in bed sections (patients transferred from one bed section to another within same hospital).

(11) Number of patient days during the fiscal year divided by the number of days in the fiscal year.

NOTE: Detail may not add to totals shown due to rounding. Non-VA hospitals include contract hospital care authorized and paid by VA. It does not include state home hospitals.

## INPATIENT CARE

TABLE 15

Table 15 -- VA Medical Centers--Hospital Care Component: Selected Data--Fiscal Year 1994

Location	Average Operating Beds (1)				Patients Treated (2)	Patients Treated (3)			Average Daily Census (4)
	Total	Bed Section (5)				Bed Section (5)			
		Medical	Surgical	Psychiatric		Medical	Surgical	Psychiatric	
Departmentwide: Totals.....	53,082	27,191	8,552	17,339	906,925	483,647	232,749	190,529	39,953
Transfers.....	--	--	--	--	33,651	21,162	7,172	5,317	--
All facilities: Totals.....	53,082	27,191	8,552	17,339	940,576	504,809	239,921	195,846	39,953
Alabama: Birmingham.....	252	185	67	--	7,455	4,830	2,625	--	182
Montgomery.....	162	130	32	--	3,668	2,563	1,105	--	127
Tuscaloosa.....	468	154	--	314	4,016	1,499	--	2,517	413
Tuskegee.....	616	291	26	299	5,822	2,435	385	3,002	513
Alaska: Anchorage.....	24	--	--	24	46	--	--	46	15
Arizona: Phoenix.....	410	193	81	136	10,379	4,998	2,466	2,915	297
Prescott.....	133	103	--	30	2,533	2,163	--	370	90
Tucson.....	190	76	74	40	5,966	2,970	1,867	1,129	135
Arkansas: Fayetteville.....	154	112	17	25	3,733	2,576	484	673	78
Little Rock.....	762	354	134	274	16,696	9,306	4,617	2,773	569
California: Fresno.....	173	78	35	60	4,376	2,266	1,094	1,016	114
Livermore.....	45	45	--	--	1,365	1,365	--	--	40
Loma Linda.....	287	141	86	60	7,504	3,901	2,515	1,088	201
Long Beach.....	693	469	129	95	11,961	6,613	3,866	1,482	433
Palo Alto.....	1,020	384	97	539	10,389	4,050	2,466	3,873	727
San Diego.....	305	129	80	96	8,280	3,577	3,178	1,525	220
San Francisco.....	281	83	149	49	7,719	3,269	3,548	902	194
Sepulveda.....	286	155	53	78	1,788	1,035	389	364	58
West Los Angeles.....	1,008	406	161	441	15,683	6,491	3,923	5,269	762
Colorado: Denver.....	297	115	82	100	7,732	4,187	2,012	1,533	208
Fort Lyon.....	140	21	--	119	840	481	--	359	119
Grand Junction.....	90	39	20	31	2,428	1,119	881	428	58
Connecticut: Newington.....	117	82	--	35	2,713	2,095	--	618	95
West Haven.....	447	197	78	172	7,330	3,366	1,540	2,424	364
Delaware: Wilmington.....	153	106	31	16	3,142	2,004	841	297	121
Dist. of Columbia: Washington.....	580	291	124	165	10,295	5,816	2,333	2,146	405
Florida: Bay Pines.....	581	300	132	149	11,560	6,502	3,025	2,033	398
Gainesville.....	377	153	134	90	9,604	3,905	4,292	1,407	272
Lake City.....	270	182	42	46	6,059	3,883	1,420	756	221
Miami.....	627	352	90	185	12,051	7,242	2,440	2,369	443
Tampa.....	538	291	128	119	12,325	6,671	3,722	1,932	388
Georgia: Atlanta.....	362	200	74	88	8,662	4,570	2,306	1,786	243
Augusta.....	837	355	91	391	9,870	4,277	2,559	3,034	673
Dublin.....	232	141	31	60	4,588	2,935	577	1,076	174
Idaho: Boise.....	121	66	25	30	3,275	2,028	655	592	67
Illinois: Chicago (Lakeside).....	274	155	59	60	6,746	4,246	1,423	1,077	191
Chicago (West Side).....	327	182	69	76	8,177	4,748	1,935	1,494	265
Danville.....	596	376	31	189	6,271	3,974	654	1,643	457
Hines.....	782	482	120	180	13,080	7,071	2,869	3,140	569
Marion.....	149	123	26	--	4,858	3,801	1,057	--	98
North Chicago.....	597	111	--	486	4,465	1,995	--	2,470	469
Indiana: Fort Wayne.....	98	77	21	--	3,102	2,071	1,031	--	67
Indianapolis.....	294	127	88	79	7,995	4,520	2,637	838	228
Marion.....	444	124	--	320	2,418	1,180	--	1,238	382
Iowa: Des Moines.....	129	56	53	20	4,041	2,336	1,398	307	98
Iowa City.....	198	99	69	30	6,576	3,640	2,282	654	148
Knoxville.....	257	100	--	157	2,349	995	--	1,354	197

See footnotes at end of table.

## INPATIENT CARE

TABLE 15

Table 15 (continued) -- VA Medical Centers--Hospital Care Component: Selected Data--Fiscal Year 1994

Table 15 (continued)-- VA Medical Centers--Hospital Care Component-- Services									
Location	Average Operating Beds (1)				Patients Treated (2)	Patients Treated (3)			Average Daily Census (4)
	Total	Bed Section (5)				Bed Section (5)			
		Medical	Surgical	Psychiatric		Medical (6)	Surgical	Psychiatric	
Kansas: Leavenworth.....	125	57	43	25	4,014	2,587	559	868	95
Topeka.....	518	316	20	182	5,178	2,660	501	2,017	434
Wichita.....	224	134	16	74	3,902	2,050	1,366	486	168
Kentucky: Lexington.....	628	462	90	76	8,570	5,170	2,620	780	519
Louisville.....	262	125	63	74	7,944	4,049	2,325	1,570	211
Louisiana: Alexandria.....	272	147	46	79	4,504	2,971	1,176	357	180
New Orleans.....	329	160	82	87	7,622	3,730	2,395	1,497	240
Shreveport.....	259	140	79	40	6,515	3,892	1,877	746	168
Maine: Togus.....	271	117	24	130	4,475	2,306	883	1,286	220
Maryland: Baltimore.....	241	113	82	46	7,157	3,707	2,346	1,104	168
Fort Howard.....	180	150	--	30	1,907	1,097	--	810	159
Perry Point.....	588	248	--	340	3,496	2,019	--	1,477	413
Massachusetts: Bedford.....	460	155	--	305	2,919	920	--	1,999	421
Boston.....	440	215	117	108	9,501	4,649	3,241	1,611	315
Brockton.....	595	277	52	266	7,818	3,958	1,446	2,414	493
Northampton.....	369	162	--	207	2,891	1,100	--	1,791	285
Michigan: Allen Park.....	422	210	98	114	8,154	3,914	2,438	1,802	266
Ann Arbor.....	221	77	86	58	6,489	3,006	2,569	914	178
Battle Creek.....	602	264	--	338	4,646	1,986	--	2,660	488
Iron Mountain.....	119	80	14	25	2,432	1,942	253	237	70
Saginaw.....	97	87	10	--	2,453	2,173	280	--	78
Minnesota: Minneapolis.....	498	244	166	88	14,629	7,843	5,412	1,374	339
St. Cloud.....	283	78	--	205	2,889	1,060	--	1,829	228
Mississippi: Biloxi.....	448	149	65	234	6,015	2,315	2,205	1,495	364
Jackson.....	377	211	86	80	9,107	5,480	2,159	1,468	287
Missouri: Columbia.....	200	109	66	25	7,670	4,481	2,473	716	172
Kansas City.....	295	116	69	110	7,834	3,597	2,724	1,513	226
Poplar Bluff.....	125	75	18	32	3,341	2,070	577	694	92
St. Louis.....	538	237	118	183	13,141	5,711	3,454	3,976	437
Montana: Fort Harrison.....	111	68	23	20	3,527	2,329	766	432	75
Miles City.....	40	34	6	--	971	669	302	--	22
Nebraska: Grand Island.....	61	45	--	16	1,378	1,216	--	162	44
Lincoln.....	113	43	33	37	3,095	1,049	1,189	857	74
Omaha.....	226	89	83	54	6,059	3,574	1,662	823	175
Nevada: Reno.....	112	58	22	32	3,910	2,187	1,200	523	75
New Hampshire: Manchester.....	108	68	24	16	2,691	1,852	497	342	76
New Jersey: East Orange.....	545	328	112	105	9,626	5,504	2,427	1,695	417
Lyons.....	709	274	--	435	3,723	1,666	--	2,057	618
New Mexico: Albuquerque.....	430	211	95	124	9,821	4,614	3,577	1,630	305
New York: Albany.....	314	192	62	60	6,469	3,654	1,864	951	239
Batavia.....	88	88	--	--	983	983	--	--	67
Bath.....	208	182	--	26	2,032	1,625	--	407	177
Bronx.....	444	281	93	70	6,272	3,432	1,959	881	349
Brooklyn.....	580	412	68	100	9,327	6,256	1,420	1,651	449
Buffalo.....	495	306	97	92	8,469	4,951	2,179	1,339	368
Canandaigua.....	606	275	--	331	2,165	1,021	--	1,144	537
Castle Point.....	136	111	25	--	2,223	1,702	521	--	103
Montrose.....	514	197	--	317	3,603	1,310	--	2,293	461
New York.....	519	271	106	142	7,837	4,082	2,132	1,623	407
Northport.....	521	180	58	283	6,407	3,257	1,388	1,762	401
Syracuse.....	216	114	67	35	5,226	2,646	2,077	503	158

See footnotes at end of table.

## INPATIENT CARE

TABLE 15

Table 15 (continued) -- VA Medical Centers--Hospital Care Component: Selected Data--Fiscal Year 1994

Location	Average Operating Beds (1)				Patients Treated (2)	Patients Treated (3)			Average Daily Census (4)
	Total	Bed Section (5)				Bed Section (5)			
		Medical	Surgical	Psychiatric		Medical	Surgical	Psychiatric	
North Carolina: Asheville.....	299	192	62	45	8,220	3,898	3,233	1,089	237
Durham.....	269	129	87	53	4,349	2,474	831	1,044	206
Fayetteville.....	182	98	32	52	6,484	3,774	2,029	681	145
Salisbury.....	589	330	24	235	3,987	2,055	458	1,474	523
North Dakota: Fargo.....	113	69	20	24	3,449	2,116	804	529	79
Ohio: Chillicothe.....	375	177	--	198	6,124	3,853	--	2,271	315
Cincinnati.....	240	112	54	74	6,688	3,549	1,745	1,394	178
Cleveland.....	581	245	77	259	10,462	4,346	2,916	3,200	463
Dayton.....	380	251	69	60	6,384	3,888	1,468	1,028	282
Oklahoma: Muskogee.....	140	90	50	--	4,274	2,740	1,534	--	82
Oklahoma City.....	282	129	73	80	8,780	4,603	2,796	1,381	213
Oregon: Portland.....	440	222	129	89	10,786	5,442	3,986	1,358	276
Roseburg.....	166	55	22	89	3,936	1,731	780	1,425	136
Pennsylvania: Altoona.....	102	81	21	--	2,397	1,783	614	--	74
Butler.....	156	156	--	--	2,249	2,249	--	--	120
Coatesville.....	525	171	--	354	3,168	663	--	2,505	479
Erie.....	119	90	29	--	2,028	1,382	646	--	68
Lebanon.....	469	256	20	193	3,777	1,701	469	1,607	366
Philadelphia.....	338	127	150	61	7,980	2,844	3,448	1,688	245
Pittsburgh (Highland Dr.).....	528	264	--	264	3,388	655	--	2,733	461
Pittsburgh (Univ. Drive).....	461	330	131	--	7,776	4,503	3,273	--	362
Wilkes-Barre.....	337	202	45	90	5,450	2,767	955	1,728	267
Puerto Rico: San Juan.....	599	285	114	200	11,551	6,207	3,496	1,848	444
Rhode Island: Providence.....	145	80	35	30	4,251	2,304	1,305	642	117
South Carolina: Charleston.....	235	99	68	68	6,289	3,227	1,947	1,115	182
Columbia.....	370	220	60	90	6,545	3,793	1,654	1,098	286
South Dakota: Fort Meade.....	149	33	18	98	3,538	2,044	852	642	102
Hot Springs.....	112	69	10	33	2,848	1,226	675	947	84
Sioux Falls.....	175	100	37	38	2,441	1,575	374	492	136
Tennessee: Memphis.....	588	351	121	116	10,494	5,694	3,111	1,689	381
Mountain Home.....	349	183	87	79	6,937	3,779	1,982	1,176	267
Murfreesboro.....	510	216	35	259	4,886	2,200	682	2,004	428
Nashville.....	334	177	114	43	8,316	4,786	2,648	882	211
Texas: Amarillo.....	133	54	41	38	4,000	2,279	1,240	481	98
Big Spring.....	147	58	25	64	2,951	1,438	812	701	104
Bonham.....	63	63	--	--	1,767	1,767	--	--	36
Dallas.....	463	209	130	124	11,791	6,424	3,504	1,863	330
Houston.....	833	431	193	209	17,709	9,702	5,454	2,553	628
Kerrville.....	191	159	15	17	3,485	2,670	504	311	123
Marlin.....	130	130	--	--	1,542	1,542	--	--	78
San Antonio.....	566	274	159	133	13,014	6,402	4,023	2,589	409
Temple.....	386	240	89	57	7,408	4,190	2,759	459	221
Waco.....	643	449	--	194	4,157	1,806	--	2,351	512
Utah: Salt Lake City.....	306	130	74	102	7,811	3,732	2,704	1,375	217
Vermont: White River Jct.....	120	72	32	16	3,578	2,137	1,033	408	88
Virginia: Hampton.....	289	183	46	60	5,166	2,388	1,163	1,615	212
Richmond.....	536	345	118	73	11,968	6,837	3,387	1,744	402
Salem.....	427	149	39	239	7,242	3,288	1,041	2,913	308

See footnotes at end of table.

TABLE 15

## INPATIENT CARE

Table 15 (continued) -- VA Medical Centers--Hospital Care Component: Selected Data--Fiscal Year 1994

Location	Average Operating Beds (1)				Patients Treated (2)	Patients Treated (3)			Average Daily Census (4)
	Total	Bed Section (5)				Bed Section (5)			
		Medical	Surgical	Psychiatric		Medical	Surgical	Psychiatric	
Washington: American Lake.....	203	87	--	116	2,386	1,241	--	1,145	155
Seattle.....	354	163	101	90	8,967	4,639	2,867	1,461	260
Spokane.....	132	102	18	12	2,840	2,036	581	223	70
Walla Walla.....	101	48	16	37	1,528	922	105	501	47
West Virginia: Beckley.....	144	111	33	--	3,001	2,125	876	--	77
Clarksburg.....	170	91	33	46	3,633	2,122	980	531	113
Huntington.....	178	129	39	10	4,762	3,288	1,218	256	139
Martinsburg.....	282	163	40	79	4,818	2,531	907	1,380	216
Wisconsin: Madison.....	200	120	64	16	5,329	2,969	2,058	302	142
Milwaukee.....	504	220	--	284	2,761	1,236	--	1,525	426
Tomah.....	393	192	111	90	8,193	3,722	2,643	1,828	252
Wyoming: Cheyenne.....	77	44	19	14	1,760	1,070	495	195	45
Sheridan.....	189	53	--	136	1,819	868	--	951	133

(1) Based on the number of operating beds at the end of each month for 13 consecutive months (September 1993 -- September 1994).

(2) The number of discharges and deaths during the fiscal year plus the patients remaining on September 30, 1994, plus the number of interhospital transfers.

(3) Excludes count of transfers between bed sections.

(4) Number of patient days during the fiscal year divided by the number of days in the fiscal year.

(5) Beds are classified according to their intended use; patients are classified according to the classification of the beds they occupy, rather than on a diagnostic basis.

(6) Medical bed section includes medicine, neurology, intermediate care, spinal cord injury, rehabilitation medicine, and blind rehabilitation.



## INPATIENT CARE

TABLE 16

Table 16 -- VA Medical Centers--Hospital Care Component: Patients Remaining, Percent By Attained Stay, and Diagnostic Group--September 30, 1994

Diagnostic Composition of Patients (1)	Total	Percent in Each Diagnostic Category for Specified Length of Stay						
		99 Days or Less	100 Days or More	More Than (Years)				
				1	2	5	10	20
<b>All patients.....</b>	36,013	79.1	20.9	11.8	8.2	3.9	1.6	0.4
<b>Psychotic.....</b>	9,835	50.4	49.6	32.7	23.7	11.7	4.9	1.4
Alcohol psychoses (291).....	423	45.9	54.1	38.3	28.1	11.8	3.5	0.2
Drug psychoses (292).....	71	94.4	5.6	4.2	2.8	--	--	--
Other psychoses (290, 293-299).....	9,341	50.2	49.8	32.7	23.6	11.8	5.0	1.5
<b>Other psychiatric.....</b>	6,680	93.7	6.3	2.3	1.5	0.8	0.3	--
Alcohol dependence and abuse (303, 305.0).....	3,103	97.9	2.1	0.2	0.1	0.1	--	--
Drug dependence and abuse (304, 305.1-305.9).....	1,471	97.0	3.0	0.1	0.1	0.1	--	--
Other nonpsychotic mental disorders (300-302, 306-319).....	2,106	85.2	14.8	7.0	4.5	2.2	1.0	0.1
<b>Medical and surgical.....</b>	19,498	88.6	11.4	4.6	2.6	1.0	0.4	--
All infectious and parasitic diseases (001-139).....	457	95.6	7.4	2.0	0.7	0.4	0.2	0.2
Malignant neoplasms (140-208, 230-234).....	2,227	92.3	7.7	1.6	0.6	0.1	--	--
Benign and unspecified neoplasms (210-229, 235-239).....	151	95.4	4.6	2.6	1.3	0.7	0.7	--
Diabetes mellitus (250).....	500	91.8	8.2	1.2	0.2	--	--	--
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278).....	265	92.8	7.2	1.5	0.4	--	--	--
Disorders involving the immune mechanisms (279).....	2	100.0	--	--	--	--	--	--
Disorders of the blood and blood forming organs (280-289).....	157	97.5	2.5	--	--	--	--	--
Quadriplegia (344.0).....	244	36.9	63.1	43.0	33.6	14.3	8.2	0.4
Paraplegia (344.1).....	148	60.8	39.2	20.3	14.9	4.1	3.4	--
Other diseases of the nervous system (320-343, 344.2-359).....	1,383	51.8	48.2	30.1	19.3	7.6	2.1	0.2
Diseases of the sense organs (360-389).....	182	96.7	3.3	--	--	--	--	--
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429).....	2,346	96.9	3.1	0.8	0.3	--	--	--
Cerebrovascular diseases (430-438).....	871	88.7	11.3	4.5	2.0	1.0	0.3	--
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459).....	928	92.3	7.7	1.4	0.3	0.2	--	--
Acute respiratory diseases (460-466, 480-487).....	634	94.3	5.7	1.6	0.5	0.3	0.2	--
Chronic bronchitis and emphysema (491-492).....	158	90.5	9.5	3.2	1.9	1.3	0.6	--
Other respiratory diseases (470-478, 490, 493-519).....	1,122	83.4	15.9	6.6	3.3	0.6	0.4	0.1
Diseases of the oral cavity, salivary glands, and jaws (520-529).....	25	100.0	--	--	--	--	--	--
Hernia of the abdominal cavity (550-553).....	145	100.0	--	--	--	--	--	--
Alcohol related liver diseases (571.0-571.3).....	141	94.3	5.7	1.4	0.7	--	--	--
Other diseases of the digestive system (530-543, 555-570, 571.4-579).....	1,317	96.6	3.4	0.5	0.2	--	--	--
Diseases of the male genital organs (600-608).....	146	95.2	4.8	0.7	--	--	--	--
Other diseases of the genitourinary system (580-599).....	775	92.6	7.4	2.6	1.4	0.8	--	--
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676).....	14	100.0	--	--	--	--	--	--
Diseases of the skin and subcutaneous tissue (680-709).....	942	84.3	15.7	2.9	1.2	0.4	0.2	0.1
Diseases of the musculoskeletal system and connective tissue (710-739).....	870	91.8	8.2	1.5	0.8	0.2	0.1	--
Congenital anomalies (740-759).....	18	100.0	--	--	--	--	--	--
Symptoms, signs, and ill-defined conditions (780-799).....	1,123	94.4	5.6	1.3	0.6	0.2	--	--
Injuries and poisonings (800-904, 910-999).....	1,067	92.4	7.6	1.7	0.8	0.5	0.3	0.1
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--	--
Factors influencing health status and contact with health service (V01-V82).....	1,140	90.2	9.8	1.5	0.5	0.2	--	--
Supplementary classification of external causes of injury and poisoning (E800-E999).....	--	--	--	--	--	--	--	--

(1) The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.

NOTE: The data in this table as well as tables 17 and 22 are based on the Annual Patient Census and may vary from AMIS counts.

TABLE 17

## INPATIENT CARE

**Table 17 -- VA Medical Centers--Hospital Care Component:  
Patients Remaining, Age, and Diagnostic Group  
September 30, 1994**

Diagnostic Composition of Patients (1)	Age Group							
	Total	Under 35	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 & Over
<b>All patients.....</b>	36,013	1,479	5,558	6,464	6,368	10,413	5,036	695
<b>Psychotic.....</b>	9,835	413	1,769	1,925	1,608	2,667	1,282	171
Alcohol psychoses (291).....	423	8	39	60	84	148	82	2
Drug psychoses (292).....	71	9	33	17	3	8	1	--
Other psychoses (290, 293-299).....	9,341	396	1,697	1,848	1,521	2,511	1,199	169
<b>Other psychiatric.....</b>	6,680	724	2,528	2,236	626	421	129	16
Alcohol dependence and abuse (303, 305.0).....	3,103	313	1,188	972	404	197	26	3
Drug dependence and abuse (304, 305.1-305.9).....	1,471	302	803	318	37	9	1	1
Other nonpsychotic mental disorders (300-302, 306-319).....	2,106	109	537	946	185	215	102	12
<b>Medical and surgical.....</b>	19,498	342	1,261	2,303	4,134	7,325	3,625	508
All infectious and parasitic diseases (001-139).....	457	24	120	87	86	75	57	8
Malignant neoplasms (140-208, 230-234).....	2,227	16	53	209	566	933	402	48
Benign and unspecified neoplasms (210-229, 235-239).....	151	4	13	10	27	65	31	1
Diabetes mellitus (250).....	500	2	35	66	131	189	75	2
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278).....	265	4	14	25	49	101	60	12
Disorders involving the immune mechanisms (279).....	2	--	1	--	1	--	--	--
Diseases of the blood and blood forming organs (280-289).....	157	3	10	18	25	54	37	10
Quadriplegia (344.0).....	244	21	33	40	67	65	17	1
Paraplegia (344.1).....	148	7	18	31	21	50	18	3
Other diseases of the nervous system (320-343, 344.2-359).....	1,383	25	81	147	222	537	331	40
Diseases of the sense organs (360-389).....	182	4	14	18	39	66	35	6
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429)....	2,346	5	43	241	548	987	450	72
Cerebrovascular diseases (430-438).....	871	4	15	81	162	374	204	31
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459).....	928	5	37	89	228	396	164	9
Acute respiratory diseases (460-466, 480-487).....	634	7	32	56	98	248	166	27
Chronic bronchitis and emphysema (491-492).....	158	--	2	11	41	68	29	7
Other respiratory diseases (470-478, 490, 493-519).....	1,122	8	37	84	243	486	240	24
Diseases of the oral cavity, salivary glands, and jaws (520-529).....	25	1	2	3	11	5	3	--
Hernia of the abdominal cavity (550-553).....	145	4	9	14	31	60	25	2
Alcohol related liver diseases (571.0-571.3).....	141	1	27	41	38	26	8	--
Other diseases of the digestive system (530-543, 555-570, 571.4-579).....	1,317	25	141	219	264	411	218	39
Diseases of the male genital organs (600-608).....	146	4	6	9	30	70	25	2
Other diseases of the genitourinary system (580-599).....	775	16	45	81	125	290	181	37
Diseases of the breast, gynecological disorders and complications of pregnancy (610-676).....	14	3	6	2	1	1	1	--
Diseases of the skin and subcutaneous tissue (680-709).....	942	21	111	179	200	298	123	10
Diseases of the musculoskeletal system and connective tissue (710-739).....	870	24	92	134	181	278	141	20
Congenital anomalies (740-759).....	18	1	2	6	2	4	2	1
Symptoms, signs, and ill-defined conditions (780-799).....	1,123	24	84	138	217	423	202	35
Injuries and poisonings (800-904, 910-999).....	1,067	35	99	145	209	359	182	38
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--	--
Factors influencing health status and contact with health service (V01-V82).....	1,140	44	79	119	271	406	198	23
Supplementary classification of external causes of injury and poisoning (E800-E999).....	--	--	--	--	--	--	--	--

(1) The diagnostic categories and selected diagnosis included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)" DHHS Pub. No. 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification.  
NOTE: The data in this table as well as tables 16 and 22 are based on the Annual Patient Census and may vary from AMIS counts.

**Table 18 -- VA Medical Centers--Hospital Care Component:  
Patients Discharged, Age, and Diagnostic Group--Fiscal Year 1994**

Diagnostic Composition of Patients (1)	Total	Age Group						
		Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
<b>All discharges.....</b>	<b>901,665</b>	<b>45,341</b>	<b>139,726</b>	<b>152,658</b>	<b>184,934</b>	<b>262,244</b>	<b>103,490</b>	<b>13,272</b>
<b>Psychotic.....</b>	<b>76,794</b>	<b>7,598</b>	<b>25,569</b>	<b>17,755</b>	<b>9,259</b>	<b>10,764</b>	<b>5,043</b>	<b>806</b>
Alcohol psychoses (291).....	4,777	209	1,170	1,371	922	866	225	14
Drug psychoses (292).....	1,380	195	642	290	95	106	49	3
Other psychoses (290, 293-299).....	70,637	7,194	23,757	16,094	8,242	9,792	4,769	789
<b>Other psychiatric.....</b>	<b>135,615</b>	<b>16,952</b>	<b>55,432</b>	<b>41,701</b>	<b>13,055</b>	<b>6,973</b>	<b>1,364</b>	<b>138</b>
Alcohol dependence and abuse (303, 305.0).....	74,590	7,983	28,875	22,770	9,843	4,554	551	14
Drug dependence and abuse (304, 305.1-305.9).....	27,225	6,015	15,240	5,149	638	164	15	4
Other nonpsychotic mental disorders (300-302, 306-319).....	33,800	2,954	11,317	13,782	2,574	2,255	798	120
<b>Medical and surgical.....</b>	<b>689,256</b>	<b>20,791</b>	<b>58,725</b>	<b>93,202</b>	<b>162,620</b>	<b>244,507</b>	<b>97,083</b>	<b>12,328</b>
All infectious and parasitic diseases (001-139).....	15,141	1,398	3,681	2,923	2,176	3,153	1,538	272
Malignant neoplasms (140-208, 230-234).....	63,388	602	1,809	5,944	17,369	26,784	9,867	1,013
Benign and unspecified neoplasms (210-229, 235-239).....	11,339	297	830	1,444	2,619	4,381	1,606	162
Diabetes mellitus (250).....	16,825	378	1,707	2,960	4,481	5,548	1,623	128
Other endocrine, nutritional, and metabolic diseases (240-246, 251-278).....	10,229	249	781	1,262	2,102	3,651	1,790	394
Disorders involving the immune mechanisms (279).....	149	4	27	29	30	48	11	--
Diseases of the blood and blood forming organs (280-289).....	7,617	231	616	743	1,525	2,754	1,478	270
Quadriplegia (344.0).....	871	111	168	195	198	164	34	1
Paraplegia (344.1).....	666	59	116	147	139	166	38	1
Other diseases of the nervous system (320-343, 344.2-359).....	17,664	1,104	2,406	3,006	3,289	5,234	2,395	230
Diseases of the sense organs (360-389).....	23,583	311	960	1,906	5,340	9,917	4,656	493
Heart diseases (391-392.0, 393-398, 402, 404, 410-414, 420-429).....	105,795	490	3,923	12,496	28,864	42,177	16,065	1,780
Cerebrovascular diseases (430-438).....	18,782	65	450	1,494	4,808	8,219	3,371	375
Other diseases of the circulatory system (390, 392.9, 401, 403, 405, 415-417, 440-459).....	32,418	512	2,275	4,286	8,227	12,315	4,359	444
Acute respiratory diseases (460-466, 480-487).....	23,810	600	1,706	2,103	4,307	8,954	5,086	1,054
Chronic bronchitis and emphysema (491-492).....	10,731	29	214	658	2,729	5,081	1,894	126
Other respiratory diseases (470-478, 490, 493-519).....	35,460	1,002	2,262	3,688	7,887	14,153	5,704	764
Diseases of the oral cavity, salivary glands, and jaws (520-529).....	3,165	291	493	662	678	821	202	18
Hernia of the abdominal cavity (550-553).....	15,846	518	1,449	2,459	4,133	5,265	1,874	148
Alcohol related liver diseases (571.0-571.3).....	4,636	52	870	1,391	1,288	927	105	3
Other diseases of the digestive system (530-543, 555-570, 571.4-579).....	54,097	2,000	6,339	8,877	11,656	17,030	7,224	971
Diseases of the male genital organs (600-608).....	10,884	170	496	1,046	2,771	4,619	1,630	152
Other diseases of the genitourinary system (580-599).....	28,140	732	2,125	3,452	5,814	9,980	5,056	981
Diseases of the breast, gynecological disorders, and complications of pregnancy (610-676).....	1,851	402	501	297	242	313	93	3
Diseases of the skin and subcutaneous tissue (680-709).....	17,998	769	2,687	3,309	3,905	5,175	1,911	242
Diseases of the musculoskeletal system and connective tissue (710-739).....	36,056	2,802	5,903	6,956	7,872	9,308	2,898	317
Congenital anomalies (740-759).....	1,200	118	204	224	249	311	87	7
Symptoms, signs, and ill-defined conditions (780-799).....	49,369	1,861	5,738	8,502	11,108	15,203	6,094	863
Injuries and poisonings (800-904, 910-999).....	37,567	2,361	5,358	5,868	7,980	10,970	4,355	675
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--	--
Factors influencing health status and contact with health service (V01-V82).....	33,979	1,273	2,631	4,875	8,834	11,886	4,039	441
Supplementary classification of external causes of injury and poisoning (E800-E999).....	--	--	--	--	--	--	--	--

(1) The diagnostic categories and selected diagnosis included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)" DHHS Pub. No. 80-1260. The number following the diagnoses are the identifying code number of this diagnostic classification.

TABLE 19

## INPATIENT CARE

**Table 19 -- VA Medical Centers -- Hospital Care Component:  
Patients Discharged, Average Age, and Diagnostic Group -- Fiscal Year 1994**

<i>Diagnostic Group (1)</i>	<i>Total Diagnoses</i>	<i>Principal Diagnosis (2)</i>	<i>Associated Diagnoses (3)</i>	<i>Average Age (Principal Diagnosis)</i>
<b>All diseases and conditions.....</b>	3,826,717	901,665	2,925,052	59.3
<b>I. Infectious and parasitic diseases.....</b>	113,390	15,141	98,249	55.0
Pulmonary tuberculosis (011).....	2,300	1,048	1,252	57.5
Tuberculosis, other (010, 012-018).....	433	171	262	55.2
Tuberculosis, late effects (137).....	201	--	201	(4)
All other infectious and parasitic diseases (001-009, 020-136).....	110,262	13,922	96,340	54.8
Late effects of other infectious and parasitic diseases (138-139).....	194	--	194	(4)
<b>II. Neoplasms.....</b>	179,339	74,727	104,612	65.8
Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0).....	5,751	3,361	2,390	63.0
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9).....	16,092	10,004	6,088	67.1
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2).....	25,934	14,749	11,185	66.4
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9).....	3,565	2,136	1,429	64.5
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208).....	13,010	5,246	7,764	62.7
Malignant neoplasm of genitourinary organs (179-189, 233).....	28,373	14,213	14,160	68.6
Malignancies of all other systems (170-175, 190-199, 232, 234).....	61,450	13,679	47,771	65.0
Neoplasms, benign (210-229).....	18,110	8,171	9,939	62.7
Neoplasms of unspecified nature (235-239).....	7,054	3,168	3,886	66.1
<b>III. Endocrine, nutritional, and metabolic diseases and immunity       diseases disorders.....</b>	324,143	27,203	296,940	62.4
Diabetes mellitus (250).....	149,205	16,825	132,380	61.0
Diseases of the endocrine glands (240-246, 251-259).....	22,703	1,876	20,827	61.2
Gout (274).....	12,037	842	11,195	65.3
Obesity (278.0-278.1).....	17,808	198	17,610	54.0
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8).....	121,973	7,313	114,660	66.0
Disorders involving the immune mechanisms (279).....	417	149	268	57.6
<b>IV. Diseases of the blood and blood-forming organs.....</b>	87,703	7,617	80,086	65.2
Anemias (280-282.4, 282.7-285).....	62,202	5,143	57,059	67.1
Sickle-cell trait and sickle-cell anemia (282.5-282.6).....	576	135	441	45.4
Other diseases of the blood and blood-forming organs (286-289).....	24,925	2,339	22,586	62.1
<b>V. Mental disorders.....</b>	625,001	212,409	412,592	47.5
Alcohol psychosis (291).....	26,302	4,777	21,525	53.7
Drug psychosis (292).....	7,393	1,380	6,013	45.7
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294).....	25,644	9,095	16,549	67.8
Schizophrenic disorders (295).....	53,653	34,979	18,674	46.4
Other psychoses (296-299).....	57,633	26,563	31,070	51.1
Neurotic disorders (300).....	38,202	5,882	32,320	49.2
Personality disorders (301).....	37,853	1,600	36,253	42.7
Alcohol dependence or abuse (303, 305.0).....	167,457	74,590	92,867	46.6
Drug dependence or abuse (304, 305.1-305.9).....	131,839	27,225	104,614	40.2
Other nonpsychotic mental disorders (302, 306-319).....	79,025	26,318	52,707	47.4

See footnotes at end of table.



## INPATIENT CARE

TABLE 19

Table 19 (continued) -- VA Medical Centers -- Hospital Care Component:  
 Patients Discharged, Average Age, and Diagnostic Group -- Fiscal Year 1994

<i>Diagnostic Group (1)</i>	<i>Total Diagnoses</i>	<i>Principal Diagnosis (2)</i>	<i>Associated Diagnoses (3)</i>	<i>Average Age (Principal Diagnosis)</i>
<b>VI. Diseases of the nervous system and sense organs.....</b>	180,255	42,784	137,471	63.5
Quadriplegia (344.0).....	5,917	871	5,046	52.3
Paraplegia (344.1).....	6,644	666	5,978	55.2
Epilepsy (345).....	11,685	2,658	9,027	54.7
Disorders of the peripheral nervous system (350-359).....	18,910	4,426	14,484	58.4
Other diseases of central nervous system (320-343, 344.2-344.9, 346-349).....	64,981	10,580	54,401	61.6
Glaucoma (365).....	11,324	1,369	9,955	68.0
Cataract (366).....	17,944	13,945	3,999	69.3
Blindness (369).....	5,278	94	5,184	(4)
Disorders of the eye and adnexa (360-364, 367-368, 370-379).....	24,712	5,705	19,007	64.5
Diseases of the ear and mastoid process (380-389).....	12,860	2,470	10,390	59.0
<b>VII. Diseases of the circulatory system.....</b>	824,954	156,995	667,959	65.4
Chronic rheumatic heart disease (393-398).....	4,251	577	3,674	64.2
Hypertensive disease without heart involvement (401, 403, 405).....	221,952	6,593	215,359	61.8
Hypertensive heart disease (402, 404).....	5,739	1,699	4,040	66.4
Acute myocardial infarction (410).....	16,788	10,551	6,237	64.9
Other ischemic heart disease (411-414).....	213,653	47,094	166,559	63.8
Other forms of heart disease (391, 392.0, 420-429).....	199,009	45,874	153,135	67.6
Cerebrovascular diseases (430-438).....	61,171	18,782	42,389	67.3
Atherosclerosis (440).....	12,295	3,184	9,111	66.0
Other diseases of arteries, arterioles, and capillaries (441-448).....	43,332	10,872	32,460	66.1
Varicose veins of lower extremities (454).....	3,504	1,173	2,331	63.1
Hemorrhoids (455).....	9,773	2,456	7,317	57.2
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459).....	33,487	8,140	25,347	63.6
<b>VIII. Diseases of the respiratory system.....</b>	279,814	70,001	209,813	65.7
Acute respiratory infections (460-466).....	13,201	2,899	10,302	61.0
Pneumonia and influenza (480-487).....	41,843	20,911	20,932	67.2
Chronic bronchitis (491).....	21,836	9,384	12,452	67.7
Emphysema (492).....	9,666	1,347	8,319	67.3
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519).....	193,268	35,460	157,808	64.7
<b>IX. Diseases of the digestive system.....</b>	271,339	77,744	193,595	60.8
Diseases of oral cavity, salivary glands, and jaws (520-529).....	24,733	3,165	21,568	55.7
Ulcers of the digestive system (530.2, 531-534).....	28,234	5,352	22,882	63.3
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537).....	50,964	8,666	42,298	61.6
Hernia of the abdominal cavity (550-553).....	32,676	15,846	16,830	61.7
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579).....	77,129	25,075	52,054	62.5
Alcohol related liver disorders (571.0-571.3).....	18,816	4,636	14,180	55.6
Other diseases of liver, gallbladder, and pancreas (570, 571.4-577).....	38,787	15,004	23,783	58.2
<b>X. Diseases of the genitourinary system.....</b>	177,345	40,841	136,504	64.2
Nephritis, nephrotic syndrome, and nephrosis (580-589).....	34,015	5,302	28,713	63.7
Other diseases of the urinary system (590-599).....	102,206	22,838	79,368	65.0
Diseases of the prostate (600-602).....	26,320	6,611	19,709	68.9
Other diseases of the male genital organs (603-608).....	10,510	4,273	6,237	60.1
Disorders of breast and gynecological diseases (610-629).....	4,294	1,817	2,477	49.3
<b>XI. Complications of pregnancy, childbirth, and puerperium (630-676).....</b>	58	34	24	(4)

See footnotes at end of table.



TABLE 19

## INPATIENT CARE

**Table 19 (continued) -- VA Medical Centers -- Hospital Care Component:  
Patients Discharged, Average Age, and Diagnostic Group -- Fiscal Year 1994**

<i>Diagnostic Group (1)</i>	<i>Total Diagnoses</i>	<i>Principal Diagnosis (2)</i>	<i>Associated Diagnoses (3)</i>	<i>Average Age (Principal Diagnosis)</i>
<b>XII. Diseases of skin and subcutaneous tissue.....</b>	71,504	17,998	53,506	59.3
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698).....	36,365	11,713	24,652	58.9
Other diseases of skin and subcutaneous tissue (700-709).....	35,139	6,285	28,854	60.0
<b>XIII. Diseases of the musculoskeletal system and connective tissue.....</b>	147,934	36,056	111,878	56.9
Osteoarthritis and allied disorders (715).....	34,266	6,065	28,201	63.8
Other arthropathies and related disorders (710-714, 716-719).....	29,090	6,008	23,082	52.0
Dorsopathies (720-724).....	44,901	12,071	32,830	55.0
Rheumatism, excluding the back (725-729).....	15,937	5,229	10,708	57.1
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739).....	23,740	6,683	17,057	58.0
<b>XIV. Congenital deformities (740-759).....</b>	5,820	1,200	4,620	55.9
<b>XVI. Symptoms, signs, and ill defined conditions (780-799).....</b>	210,607	49,369	161,238	60.9
<b>XVII. Injury and poisoning.....</b>	109,651	37,567	72,084	59.4
Fracture of skull (800-804).....	1,674	881	793	46.4
Fracture of neck and trunk (805-809).....	3,545	1,272	2,273	62.7
Fracture of upper and lower limb (810-829).....	11,423	6,776	4,647	62.0
Dislocations, sprains, and strains of joints and adjacent muscles (830-848).....	5,430	2,904	2,526	52.1
Intracranial injury, excluding those with skull fracture (850-854).....	1,972	1,073	899	59.1
Internal injury of chest, abdomen, and pelvis (860-869).....	974	386	588	57.6
Open wounds (870-897).....	5,921	1,720	4,201	53.0
Burns (940-949).....	1,655	585	1,070	56.6
Poisoning by drugs, medicinal and biological substances (960-979).....	5,368	1,897	3,471	53.8
Toxic effects of substances chiefly nonmedical as to source (980-989).....	887	288	599	50.4
All other injuries (900-904, 910-939, 950-959, 990-995).....	11,550	2,826	8,724	59.7
Complications of surgical and medical care, NEC (996-999).....	48,788	16,959	31,829	61.6
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	10,464	--	10,464	(4)
<b>XVIII. Factors influencing health status and contact with health services (V01-V82).....</b>	217,860	33,979	183,881	62.2

(1) The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period, in which no cases occurred, is not included in this table.

(2) Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major portion of the patient's length of stay.

(3) Associated diagnoses are established diagnoses for which treatment was given, other than principal diagnosis.

(4) Average age not calculated for totals of less than 100 cases.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from tables based on AMIS data. Any difference is due to corrections made to AMIS data subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.

**Table 20 -- VA Medical Centers -- Hospital Care Component:  
Patients Discharged, Age, and Diagnostic Group -- Fiscal Year 1994**

Diagnostic Group (1)	Age Group of Principal Diagnosis						
	Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
<b>All diseases and conditions.....</b>	<b>45,341</b>	<b>139,726</b>	<b>152,658</b>	<b>184,934</b>	<b>262,244</b>	<b>103,490</b>	<b>13,272</b>
<b>I. Infectious and parasitic diseases.....</b>	<b>1,398</b>	<b>3,681</b>	<b>2,923</b>	<b>2,176</b>	<b>3,153</b>	<b>1,538</b>	<b>272</b>
Pulmonary tuberculosis (011).....	26	199	252	221	243	91	16
Tuberculosis, other (010, 012-018).....	10	48	32	19	45	16	1
Tuberculosis, late effects (137).....	--	--	--	--	--	--	--
All other infectious and parasitic diseases (001-009, 020-136).....	1,362	3,434	2,639	1,936	2,865	1,431	255
Late effects of other infectious and parasitic diseases (138-139).....	--	--	--	--	--	--	--
<b>II. Neoplasms.....</b>	<b>899</b>	<b>2,639</b>	<b>7,388</b>	<b>19,988</b>	<b>31,165</b>	<b>11,473</b>	<b>1,175</b>
Malignant neoplasm of lip, oral cavity, and pharynx (140-149, 230.0).....	11	125	535	1,230	1,157	280	23
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9).....	30	215	822	2,721	4,301	1,730	185
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2).....	12	229	1,257	4,525	6,637	1,983	106
Malignant neoplasm of other respiratory system and intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9).....	9	44	287	735	818	229	14
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208).....	217	340	768	1,240	1,894	704	83
Malignant neoplasm of genitourinary organs (179-189, 233).....	113	244	686	3,247	6,694	2,853	376
Malignancies of all other systems (170-175, 190-199, 232, 234).....	210	612	1,589	3,671	5,283	2,088	226
Neoplasms, benign (210-229).....	246	624	1,161	1,960	3,084	1,028	68
Neoplasms of unspecified nature (235-239).....	51	206	283	659	1,297	578	94
<b>III. Endocrine, nutritional, and metabolic diseases and immunity diseases disorders.....</b>	<b>631</b>	<b>2,515</b>	<b>4,251</b>	<b>6,613</b>	<b>9,247</b>	<b>3,424</b>	<b>522</b>
Diabetes mellitus (250).....	378	1,707	2,960	4,481	5,548	1,623	128
Diseases of the endocrine glands (240-246, 251-259).....	89	207	282	428	599	231	40
Gout (274).....	10	51	95	188	355	123	20
Obesity (278.0-278.1).....	6	43	61	47	35	6	--
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8).....	144	480	824	1,439	2,662	1,430	334
Disorders involving the immune mechanisms (279).....	4	27	29	30	48	11	--
<b>IV. Diseases of the blood and blood-forming organs.....</b>	<b>231</b>	<b>616</b>	<b>743</b>	<b>1,525</b>	<b>2,754</b>	<b>1,478</b>	<b>270</b>
Anemias (280-282.4, 282.7-285).....	96	294	446	1,002	1,931	1,133	241
Sickle-cell trait and sickle-cell anemia (282.5-282.6).....	26	55	30	12	11	1	--
Other diseases of the blood and blood-forming organs (286-289).....	109	267	267	511	812	344	29
<b>V. Mental disorders.....</b>	<b>24,550</b>	<b>81,001</b>	<b>59,456</b>	<b>22,314</b>	<b>17,737</b>	<b>6,407</b>	<b>944</b>
Alcohol psychosis (291).....	209	1,170	1,371	922	866	225	14
Drug psychosis (292).....	195	642	290	95	106	49	3
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294).....	259	886	623	951	3,097	2,752	527
Schizophrenic disorders (295).....	4,083	14,785	9,120	3,704	2,830	431	26
Other psychoses (296-299).....	2,852	8,086	6,351	3,587	3,865	1,586	236
Neurotic disorders (300).....	695	1,998	1,438	751	730	236	34
Personality disorders (301).....	351	731	322	103	73	18	2
Alcohol dependence or abuse (303, 305.0).....	7,983	28,875	22,770	9,843	4,554	551	14
Drug dependence or abuse (304, 305.1-305.9).....	6,015	15,240	5,149	638	164	15	4
Other nonpsychotic mental disorders (302, 306-319).....	1,908	8,588	12,022	1,720	1,452	544	84

See footnotes at end of table.

TABLE 20

## INPATIENT CARE

**Table 20 (continued) -- VA Medical Centers -- Hospital Care Component:  
Patients Discharged, Age, and Diagnostic Group -- Fiscal Year 1994**

Diagnostic Group (1)	Age Group of Principal Diagnosis						85 and Over
	Under 35	35-44	45-54	55-64	65-74	75-84	
<b>VI. Diseases of the nervous system and sense organs.....</b>	1,585	3,650	5,254	8,966	15,481	7,123	725
Quadriplegia (344.0).....	111	168	195	198	164	34	1
Paraplegia (344.1).....	59	116	147	139	166	38	1
Epilepsy (345).....	276	531	539	468	636	181	27
Disorders of the peripheral nervous system (350-359).....	237	631	871	1,013	1,226	425	23
Other diseases of central nervous system (320-343, 344.2-344.9, 346-349).....	591	1,244	1,596	1,808	3,372	1,789	180
Glaucoma (365).....	8	45	95	275	640	275	31
Cataract (366).....	19	195	779	3,053	6,316	3,227	356
Blindness (369).....	6	11	13	18	28	14	4
Disorders of the eye and adnexa (360-364, 367-368, 370-379).....	133	383	595	1,408	2,203	907	76
Diseases of the ear and mastoid process (380-389).....	145	326	424	586	730	233	26
<b>VII. Diseases of the circulatory system.....</b>	1,067	6,648	18,276	41,899	62,711	23,795	2,599
Chronic rheumatic heart disease (393-398).....	3	31	82	147	225	81	8
Hypertensive disease without heart involvement (401, 403, 405).....	111	676	1,159	1,612	2,184	764	87
Hypertensive heart disease (402, 404).....	1	76	177	388	732	287	38
Acute myocardial infarction (410).....	34	490	1,405	2,960	3,941	1,561	160
Other ischemic heart disease (411-414).....	101	1,932	7,257	14,899	17,578	5,004	323
Other forms of heart disease (391, 392.0, 420-429).....	351	1,394	3,575	10,470	19,701	9,132	1,251
Cerebrovascular diseases (430-438).....	65	450	1,494	4,808	8,219	3,371	375
Atherosclerosis (440).....	5	80	324	928	1,366	437	44
Other diseases of arteries, arterioles, and capillaries (441-448).....	63	267	1,029	3,032	4,819	1,551	111
Varicose veins of lower extremities (454).....	25	117	156	283	380	191	21
Hemorrhoids (455).....	114	435	537	553	606	192	19
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459).....	194	700	1,081	1,819	2,960	1,224	162
<b>VIII. Diseases of the respiratory system.....</b>	1,631	4,182	6,449	14,923	28,188	12,684	1,944
Acute respiratory infections (460-466).....	212	342	353	575	908	453	56
Pneumonia and influenza (480-487).....	388	1,364	1,750	3,732	8,046	4,633	998
Chronic bronchitis (491).....	26	182	569	2,385	4,436	1,671	115
Emphysema (492).....	3	32	89	344	645	223	11
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519).....	1,002	2,262	3,688	7,887	14,153	5,704	764
<b>IX. Diseases of the digestive system.....</b>	2,861	9,151	13,389	17,755	24,043	9,405	1,140
Diseases of oral cavity, salivary glands, and jaws (520-529).....	291	493	662	678	821	202	18
Ulcers of the digestive system (530.2, 531-534).....	112	476	735	1,251	1,896	783	99
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537).....	244	944	1,423	1,969	2,839	1,134	113
Hernia of the abdominal cavity (550-553).....	518	1,449	2,459	4,133	5,265	1,874	148
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579).....	1,139	2,483	3,399	5,072	8,379	3,981	622
Alcohol related liver disorders (571.0-571.3).....	52	870	1,391	1,288	927	105	3
Other diseases of liver, gallbladder, and pancreas (570, 571.4-577).....	505	2,436	3,320	3,364	3,916	1,326	137
<b>X. Diseases of the genitourinary system.....</b>	1,277	3,115	4,795	8,827	14,912	6,779	1,136
Nephritis, nephrotic syndrome, and nephrosis (580-589).....	112	427	712	1,264	1,855	806	126
Other diseases of the urinary system (590-599).....	620	1,698	2,740	4,550	8,125	4,250	855
Diseases of the prostate (600-602).....	20	55	251	1,570	3,335	1,270	110
Other diseases of the male genital organs (603-608).....	150	441	795	1,201	1,284	360	42
Disorders of breast and gynecological diseases (610-629).....	375	494	297	242	313	93	3
<b>XI. Complications of pregnancy, childbirth, and puerperium (630-676).....</b>	27	7	--	--	--	--	--

See footnotes at end of table.

**Table 20 (continued) -- VA Medical Centers -- Hospital Care Component:  
Patients Discharged, Age, and Diagnostic Group -- Fiscal Year 1994**

Diagnostic Group (1)	Age Group of Principal Diagnosis						
	Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
<b>XII. Diseases of skin and subcutaneous tissue.....</b>	769	2,687	3,309	3,905	5,175	1,911	242
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698).....	517	1,821	2,168	2,553	3,327	1,186	141
Other diseases of skin and subcutaneous tissue (700-709).....	252	866	1,141	1,352	1,848	725	101
<b>XIII. Diseases of the musculoskeletal system and connective tissue.....</b>	2,802	5,903	6,956	7,872	9,308	2,898	317
Osteoarthritis and allied disorders (715).....	109	433	729	1,565	2,395	759	75
Other arthropathies and related disorders (710-714, 716-719).....	1,106	1,176	1,058	1,021	1,199	408	40
Dorsopathies (720-724).....	837	2,430	2,854	2,644	2,503	732	71
Rheumatism, excluding the back (725-729).....	348	817	1,041	1,194	1,402	387	40
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739).....	402	1,047	1,274	1,448	1,809	612	91
<b>XIV. Congenital deformities (740-759).....</b>	118	204	224	249	311	87	7
<b>XVI. Symptoms, signs, and ill defined conditions (780-799).....</b>	1,861	5,738	8,502	11,108	15,203	6,094	863
<b>XVII. Injury and poisoning.....</b>	2,361	5,358	5,868	7,980	10,970	4,355	675
Fracture of skull (800-804).....	135	355	195	89	71	28	8
Fracture of neck and trunk (805-809).....	65	129	174	238	408	215	43
Fracture of upper and lower limb (810-829).....	362	881	945	1,172	1,935	1,196	285
Dislocations, sprains, and strains of joints and adjacent muscles (830-848).....	482	572	541	574	549	168	18
Intracranial injury, excluding those with skull fracture (850-854).....	83	190	152	179	265	154	50
Internal injury of chest, abdomen, and pelvis (860-869).....	34	69	68	65	102	40	8
Open wounds (870-897).....	177	474	321	308	297	125	18
Burns (940-949).....	35	110	122	128	133	49	8
Poisoning by drugs, medicinal and biological substances (960-979).....	177	536	340	259	420	153	12
Toxic effects of substances chiefly nonmedical as to source (980-989).....	36	84	65	40	46	16	1
All other injuries (900-904, 910-939, 950-959, 990-995).....	174	398	435	572	834	357	56
Complications of surgical and medical care, NEC (996-999).....	601	1,560	2,510	4,356	5,910	1,854	168
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--
<b>XVIII. Factors influencing health status and contact with health services (V01-V82).....</b>	1,273	2,631	4,875	8,834	11,886	4,039	441

(1) The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period, in which no cases occurred, is not included in this table.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from tables based on AMIS data. Any difference is due to corrections made to AMIS data subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.



**Table 20 (continued) -- VA Medical Centers -- Hospital Care Component:  
Patients Discharged, Age, and Diagnostic Group -- Fiscal Year 1994**

Diagnostic Group (1)	Age Group of Principal Diagnosis						
	Under 35	35-44	45-54	55-64	65-74	75-84	85 and Over
<b>XII. Diseases of skin and subcutaneous tissue.....</b>	769	2,687	3,309	3,905	5,175	1,911	242
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698).....	517	1,821	2,168	2,553	3,327	1,186	141
Other diseases of skin and subcutaneous tissue (700-709).....	252	866	1,141	1,352	1,848	725	101
<b>XIII. Diseases of the musculoskeletal system and connective tissue.....</b>	2,802	5,903	6,956	7,872	9,308	2,898	317
Osteoarthritis and allied disorders (715).....	109	433	729	1,565	2,395	759	75
Other arthropathies and related disorders (710-714, 716-719).....	1,106	1,176	1,058	1,021	1,199	408	40
Dorsopathies (720-724).....	837	2,430	2,854	2,644	2,503	732	71
Rheumatism, excluding the back (725-729).....	348	817	1,041	1,194	1,402	387	40
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739).....	402	1,047	1,274	1,448	1,809	612	91
<b>XIV. Congenital deformities (740-759).....</b>	118	204	224	249	311	87	7
<b>XVI. Symptoms, signs, and ill defined conditions (780-799).....</b>	1,861	5,738	8,502	11,108	15,203	6,094	863
<b>XVII. Injury and poisoning.....</b>	2,361	5,358	5,868	7,980	10,970	4,355	675
Fracture of skull (800-804).....	135	355	195	89	71	28	8
Fracture of neck and trunk (805-809).....	65	129	174	238	408	215	43
Fracture of upper and lower limb (810-829).....	362	881	945	1,172	1,935	1,196	285
Dislocations, sprains, and strains of joints and adjacent muscles (830-848).....	482	572	541	574	549	168	18
Intracranial injury, excluding those with skull fracture (850-854).....	83	190	152	179	265	154	50
Internal injury of chest, abdomen, and pelvis (860-869).....	34	69	68	65	102	40	8
Open wounds (870-897).....	177	474	321	308	297	125	18
Burns (940-949).....	35	110	122	128	133	49	8
Poisoning by drugs, medicinal and biological substances (960-979).....	177	536	340	259	420	153	12
Toxic effects of substances chiefly nonmedical as to source (980-989).....	36	84	65	40	46	16	1
All other injuries (900-904, 910-939, 950-959, 990-995).....	174	398	435	572	834	357	56
Complications of surgical and medical care, NEC (996-999).....	601	1,560	2,510	4,356	5,910	1,854	168
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--
<b>XVIII. Factors influencing health status and contact with health services (V01-V82).....</b>	1,273	2,631	4,875	8,834	11,886	4,039	441

(1) The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code numbers of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period, in which no cases occurred, is not included in this table.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from tables based on AMIS data. Any difference is due to corrections made to AMIS data subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.



TABLE 21

## INPATIENT CARE

**Table 21 -- VA Medical Centers--Hospital Care Component:**  
**Patients Discharged, Type of Patient, Age, and Length of Stay -- Fiscal Year 1994**

Type of Patient and Age Group	Total			Short Term (2)		Length of Stay (Days)			
	Patients	Average Days of Stay	Median Days of Stay (1)	Average Days of Stay	Percent of Total Discharges	1	2-3	4-7	8-14
<b>All patients.....</b>	<b>901,665</b>	<b>17.1</b>	<b>7.1</b>	<b>11.7</b>	<b>98.4</b>	<b>100,560</b>	<b>187,460</b>	<b>206,367</b>	<b>172,856</b>
Under 25.....	5,281	12.6	4.3	9.9	98.4	1,155	1,418	952	541
25-29.....	11,396	13.9	6.2	11.7	98.9	2,024	2,477	2,169	1,442
30-34.....	28,664	15.8	7.8	13.4	98.8	3,787	5,265	5,553	4,311
35-39.....	55,957	17.0	8.2	13.6	98.6	6,580	9,624	11,411	9,135
40-44.....	83,769	17.3	8.0	13.5	98.5	9,520	15,365	17,100	14,125
45-49.....	96,777	16.9	7.5	13.0	98.4	11,444	18,987	20,292	16,459
50-54.....	55,881	15.6	6.8	11.2	98.5	6,798	12,433	12,602	10,042
55-59.....	66,226	14.9	6.5	10.5	98.7	7,894	15,158	15,828	12,702
60-64.....	118,708	15.7	6.6	10.3	98.7	13,507	27,195	28,976	23,846
65-69.....	128,286	17.4	6.8	10.6	98.4	13,664	28,398	31,380	26,604
70-74.....	133,958	17.3	7.0	11.1	98.3	13,546	28,683	32,407	28,283
75-79.....	74,225	20.0	7.4	11.7	97.8	7,047	14,896	17,662	15,949
80-84.....	29,265	21.8	7.8	12.3	97.4	2,548	5,399	7,001	6,383
85 and over.....	13,272	24.5	8.8	13.5	97.3	1,046	2,162	3,034	3,034
<b>Psychotic.....</b>	<b>76,794</b>	<b>56.9</b>	<b>16.5</b>	<b>20.4</b>	<b>92.9</b>	<b>4,303</b>	<b>5,757</b>	<b>10,857</b>	<b>15,302</b>
Under 25.....	573	24.1	15.0	20.3	97.2	38	48	89	111
25-29.....	1,700	24.3	14.5	19.6	97.2	118	130	281	344
30-34.....	5,325	26.1	13.3	18.0	96.6	436	504	871	1,118
35-39.....	11,231	28.4	13.8	18.2	96.2	789	1,015	1,853	2,358
40-44.....	14,338	33.3	14.7	19.0	96.1	943	1,219	2,123	3,007
45-49.....	12,358	35.9	15.5	19.6	95.5	733	960	1,825	2,521
50-54.....	5,397	47.8	16.8	20.7	93.2	287	399	747	1,083
55-59.....	4,149	61.0	18.4	21.9	92.1	195	256	561	770
60-64.....	5,110	93.4	20.4	23.3	89.3	220	284	611	902
65-69.....	5,374	119.0	21.2	23.5	86.9	188	333	623	967
70-74.....	5,390	113.6	22.0	24.4	85.5	161	316	578	952
75-79.....	3,444	120.3	21.3	23.9	84.6	113	175	377	676
80-84.....	1,599	101.0	19.6	22.4	84.4	56	79	216	321
85 and over.....	806	143.1	20.0	22.5	83.3	26	39	102	172
<b>Other psychiatric.....</b>	<b>135,615</b>	<b>20.4</b>	<b>14.2</b>	<b>17.8</b>	<b>98.7</b>	<b>9,278</b>	<b>15,247</b>	<b>24,125</b>	<b>21,380</b>
Under 25.....	1,207	18.7	15.7	17.3	99.0	100	134	184	169
25-29.....	3,664	19.4	16.5	18.3	99.3	293	357	556	506
30-34.....	12,081	19.0	15.6	17.8	99.2	910	1,273	1,997	1,722
35-39.....	23,339	18.7	14.2	17.2	99.0	1,684	2,594	4,140	3,637
40-44.....	32,093	19.6	14.2	17.9	98.7	2,223	3,696	5,661	4,970
45-49.....	31,311	21.8	15.1	19.1	98.2	2,090	3,415	5,226	4,832
50-54.....	10,390	20.1	13.9	17.7	98.7	694	1,274	1,906	1,570
55-59.....	6,543	19.7	13.4	17.0	98.7	422	719	1,290	1,084
60-64.....	6,512	20.4	12.1	16.3	99.0	393	795	1,381	1,171
65-69.....	4,261	24.1	11.9	16.1	98.5	234	531	895	844
70-74.....	2,712	23.9	11.7	16.1	97.9	150	321	588	559
75-79.....	1,066	41.1	12.9	17.6	95.9	59	101	220	217
80-84.....	298	37.7	13.7	18.4	95.0	17	29	55	58
85 and over.....	138	25.1	12.4	16.2	95.7	9	8	26	41
<b>Medical and surgical.....</b>	<b>689,256</b>	<b>12.0</b>	<b>6.1</b>	<b>9.5</b>	<b>98.9</b>	<b>86,979</b>	<b>166,456</b>	<b>171,385</b>	<b>136,174</b>
Under 25.....	3,501	8.6	3.2	5.7	98.4	1,017	1,236	679	261
25-29.....	6,032	7.7	3.4	5.5	99.1	1,613	1,990	1,332	592
30-34.....	11,258	7.5	3.8	6.5	99.4	2,441	3,488	2,685	1,471
35-39.....	21,387	9.1	4.4	7.4	99.3	4,107	6,015	5,418	3,140
40-44.....	37,338	9.2	4.8	7.7	99.3	6,354	10,450	9,316	6,148
45-49.....	53,108	9.6	5.0	8.0	99.3	8,621	14,612	13,241	9,106
50-54.....	40,094	10.1	5.4	8.4	99.2	5,817	10,760	9,949	7,389
55-59.....	55,534	10.9	5.8	8.9	99.1	7,277	14,183	13,977	10,848
60-64.....	107,086	11.7	6.1	9.4	99.1	12,894	26,116	26,984	21,773
65-69.....	118,651	12.5	6.5	9.9	98.9	13,242	27,534	29,862	24,793
70-74.....	125,856	13.0	6.8	10.5	98.8	13,235	28,046	31,241	26,772
75-79.....	69,715	14.8	7.1	11.1	98.5	6,875	14,620	17,065	15,056
80-84.....	27,368	16.9	7.5	11.7	98.2	2,475	5,291	6,730	6,004
85 and over.....	12,328	16.7	8.3	12.9	98.2	1,011	2,115	2,906	2,821

(1) One-half of the discharges in the given category have length of stay greater than the median, the other half less than the median.

(2) Includes hospital stays of 1 to 99 days and conforms to the definition as adopted by the Commission on Professional and Hospital Activities.

**Table 21 (continued) -- VA Medical Centers--Hospital Care Component:**  
**Patients Discharged, Type of Patient, Age, and Length of Stay -- Fiscal Year 1994**

Type of Patient and Age Group	Length of Stay (Days) (Continued)									Total Days
	15-21	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731- Plus	
<b>All patients.....</b>	77,696	64,936	59,624	14,983	11,224	2,488	1,022	1,244	1,205	15,433,710
Under 25.....	295	450	286	80	77	18	7	2	--	66,482
25-29.....	930	1,205	815	171	117	28	9	5	4	158,630
30-34.....	2,784	3,564	2,490	474	314	75	21	19	7	453,933
35-39.....	5,447	6,806	5,113	871	676	149	53	52	40	949,008
40-44.....	8,047	9,153	7,374	1,541	1,119	210	79	72	64	1,451,030
45-49.....	8,641	9,235	7,948	1,861	1,397	244	105	81	83	1,638,794
50-54.....	4,545	4,032	3,638	820	650	159	62	50	50	870,676
55-59.....	5,216	3,853	3,609	921	676	162	59	76	72	986,222
60-64.....	9,404	6,162	6,142	1,681	1,161	233	121	137	143	1,862,813
65-69.....	10,374	6,666	6,815	1,953	1,461	393	157	210	211	2,227,693
70-74.....	11,318	7,082	7,708	2,263	1,706	367	161	211	223	2,319,071
75-79.....	6,610	4,113	4,672	1,403	1,147	246	113	189	178	1,487,820
80-84.....	2,721	1,748	1,997	617	489	126	49	100	87	636,619
85 and over.....	1,364	867	1,017	327	234	78	26	40	43	324,919
<b>Psychotic.....</b>	10,320	9,733	10,995	3,418	3,154	940	481	686	848	4,366,266
Under 25.....	68	84	86	27	19	--	3	--	--	13,799
25-29.....	216	233	246	66	49	11	4	1	1	41,391
30-34.....	691	621	667	203	148	33	10	16	7	139,209
35-39.....	1,453	1,425	1,473	368	312	82	32	39	32	318,758
40-44.....	2,016	1,965	1,872	520	419	97	50	50	57	477,963
45-49.....	1,821	1,670	1,694	486	398	95	47	44	64	443,743
50-54.....	725	710	788	246	223	83	37	31	38	258,034
55-59.....	597	528	667	212	183	51	32	45	52	253,194
60-64.....	691	660	847	285	308	77	55	76	94	477,088
65-69.....	653	637	886	318	312	138	66	103	150	639,284
70-74.....	686	603	907	344	368	127	62	123	163	612,516
75-79.....	420	364	533	209	251	77	48	86	115	414,407
80-84.....	194	158	214	92	113	42	25	47	42	161,541
85 and over.....	89	75	115	42	51	27	10	25	33	115,339
<b>Other psychiatric.....</b>	16,696	25,550	18,099	2,813	1,958	285	84	57	43	2,769,842
Under 25.....	156	304	135	12	10	2	1	--	--	22,573
25-29.....	529	844	475	68	28	8	--	--	--	71,000
30-34.....	1,646	2,640	1,564	187	108	28	5	1	--	229,916
35-39.....	2,948	4,711	3,002	339	235	37	9	--	3	436,695
40-44.....	3,995	5,946	4,335	719	459	70	14	4	1	630,351
45-49.....	3,676	5,822	4,588	856	690	74	26	11	5	683,248
50-54.....	1,179	1,920	1,463	208	146	21	4	4	1	208,506
55-59.....	774	1,237	805	109	79	13	5	3	3	128,586
60-64.....	789	974	793	125	65	9	5	7	5	133,040
65-69.....	504	618	482	69	49	9	7	10	9	102,585
70-74.....	316	353	293	59	50	7	5	7	4	64,810
75-79.....	120	140	116	45	25	4	2	7	10	43,834
80-84.....	45	28	35	15	9	2	1	2	2	11,231
85 and over.....	19	13	13	2	5	1	--	1	--	3,467
<b>Medical and surgical</b>	50,680	29,653	30,530	8,752	6,112	1,263	457	501	314	8,297,602
Under 25.....	71	62	65	41	48	16	3	2	--	30,110
25-29.....	185	128	94	37	40	9	5	4	3	46,239
30-34.....	447	303	259	84	58	14	6	2	--	84,808
35-39.....	1,046	670	638	164	129	30	12	13	5	193,555
40-44.....	2,036	1,242	1,167	302	241	43	15	18	6	342,716
45-49.....	3,144	1,743	1,666	519	309	75	32	26	14	511,803
50-54.....	2,641	1,402	1,387	366	281	55	21	15	11	404,136
55-59.....	3,845	2,088	2,137	600	414	98	22	28	17	604,442
60-64.....	7,924	4,528	4,502	1,271	788	147	61	54	44	1,252,685
65-69.....	9,217	5,411	5,447	1,566	1,100	246	84	97	52	1,485,824
70-74.....	10,316	6,126	6,508	1,860	1,288	233	94	81	56	1,641,745
75-79.....	6,070	3,609	4,023	1,149	871	165	63	96	53	1,029,579
80-84.....	2,482	1,562	1,748	510	367	82	23	51	43	463,847
85 and over.....	1,256	779	889	283	178	50	16	14	10	206,113

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from other tables which are based on AMIS data. Differences are due to corrections made to AMIS data subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.

TABLE 22

## INPATIENT CARE

**Table 22 -- VA Medical Centers--Hospital Care Component: Patients Remaining,  
by Type of Patient, Compensation and Pension Status, and Age  
September 30, 1994**

Type of Patient and Age Group	Total All Patients	Service-Connected Veterans				Nonservice-Connected Veterans			Non- Veterans (2)
		Total	10% or More	Less Than 10%	NSC With SC (1)	Total	Pension	No Claim Pending	
<b>All patients.....</b>	<b>36,013</b>	<b>12,368</b>	<b>5,339</b>	<b>296</b>	<b>6,733</b>	<b>23,512</b>	<b>4,660</b>	<b>18,852</b>	<b>133</b>
Under 35.....	1,479	485	284	7	194	909	4	905	85
35-44.....	5,558	1,918	1,055	48	815	3,622	314	3,308	18
45-54.....	6,464	2,704	1,502	54	1,148	3,749	488	3,261	11
55-64.....	6,368	1,673	733	41	899	4,681	954	3,727	14
65-74.....	10,413	3,457	1,203	85	2,169	6,955	1,983	4,972	1
75-84.....	5,036	1,915	527	46	1,342	3,118	761	2,357	3
85 and over.....	695	216	35	15	166	478	156	322	1
<b>Psychotic.....</b>	<b>9,835</b>	<b>4,362</b>	<b>3,045</b>	<b>119</b>	<b>1,198</b>	<b>5,461</b>	<b>1,439</b>	<b>4,022</b>	<b>12</b>
Under 35.....	413	239	188	3	48	169	1	168	5
35-44.....	1,769	936	723	27	186	832	140	692	1
45-54.....	1,925	997	770	16	211	927	212	715	1
55-64.....	1,608	607	445	18	144	999	270	729	2
65-74.....	2,667	1,046	670	37	339	1,620	574	1,046	1
75-84.....	1,282	481	238	11	232	800	212	588	1
85 and over.....	171	56	11	7	38	114	30	84	1
<b>Other psychiatric.....</b>	<b>6,680</b>	<b>1,923</b>	<b>807</b>	<b>35</b>	<b>1,081</b>	<b>4,722</b>	<b>315</b>	<b>4,407</b>	<b>35</b>
Under 35.....	724	114	29	3	82	583	2	581	27
35-44.....	2,528	585	204	9	372	1,936	61	1,875	7
45-54.....	2,236	917	467	17	433	1,318	64	1,254	1
55-64.....	626	117	42	--	75	509	73	436	--
65-74.....	421	136	45	3	88	285	91	194	--
75-84.....	129	50	20	2	28	79	19	60	--
85 and over.....	16	4	--	1	3	12	5	7	--
<b>Medical and surgical.....</b>	<b>19,498</b>	<b>6,083</b>	<b>1,487</b>	<b>142</b>	<b>4,454</b>	<b>13,329</b>	<b>2,906</b>	<b>10,423</b>	<b>86</b>
Under 35.....	342	132	67	1	64	157	1	156	53
35-44.....	1,261	397	128	12	257	854	113	741	10
45-54.....	2,303	790	265	21	504	1,504	212	1,292	9
55-64.....	4,134	949	246	23	680	3,173	611	2,562	12
65-74.....	7,325	2,275	488	45	1,742	5,050	1,318	3,732	--
75-84.....	3,625	1,384	269	33	1,082	2,239	530	1,709	2
85 and over.....	508	156	24	7	125	352	121	231	--

(1) Veterans with compensable service-connected disabilities but treated for nonservice-connected disabilities only.

(2) All patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc.

A veteran who is admitted as an Office of Workers Compensation case is classified as a nonveteran.

NOTE: The data in this table as well as tables 16 and 17 are based on the Annual Patient Census and may vary from AMIS counts.

**Table 23 -- VA Medical Centers--Hospital Care Component: Patients Discharged,  
by Type of Patient, Compensation and Pension Status, and Age  
Fiscal Year 1994**

Type of Patient and Age Group	Total All Patients	Service-Connected Veterans				Nonservice-Connected Veterans			Non- Veterans (2)
		Total	10% or More	Less Than 10 percent	NSC With SC (1)	Total	Pension	No Claim Pending	
<b>All patients.....</b>	901,665	304,869	98,521	7,504	198,844	591,156	104,814	486,342	5,640
Under 35.....	45,341	16,206	7,837	452	7,917	26,901	162	26,739	2,234
35-44.....	139,726	48,916	22,576	1,208	25,132	89,623	6,456	83,167	1,187
45-54.....	152,658	58,312	25,030	1,238	32,044	93,555	8,659	84,896	791
55-64.....	184,934	48,221	14,303	1,157	32,761	135,885	24,555	111,330	828
65-74.....	262,244	87,994	19,723	2,280	65,991	173,886	45,679	128,207	364
75-84.....	103,490	40,960	8,235	987	31,738	62,355	16,420	45,935	175
85 and over.....	13,272	4,260	817	182	3,261	8,951	2,883	6,068	61
<b>Psychotic.....</b>	76,794	36,018	24,471	742	10,805	40,517	7,556	32,961	259
Under 35.....	7,598	3,957	2,866	60	1,031	3,501	18	3,483	140
35-44.....	25,569	13,059	9,531	245	3,283	12,442	1,656	10,786	68
45-54.....	17,755	8,760	6,187	160	2,413	8,962	1,505	7,457	33
55-64.....	9,259	3,557	2,445	85	1,027	5,695	1,426	4,269	7
65-74.....	10,764	4,344	2,538	121	1,685	6,416	2,055	4,361	4
75-84.....	5,043	2,089	832	58	1,199	2,948	736	2,212	6
85 and over.....	806	252	72	13	167	553	160	393	1
<b>Other psychiatric.....</b>	135,615	39,252	16,894	986	21,372	95,515	6,315	89,200	848
Under 35.....	16,952	3,247	935	97	2,215	13,098	56	13,042	607
35-44.....	55,432	14,427	5,668	417	8,342	40,837	1,527	39,310	168
45-54.....	41,701	16,249	8,407	338	7,504	25,404	1,225	24,179	48
55-64.....	13,055	2,774	942	67	1,765	10,260	1,562	8,698	21
65-74.....	6,973	2,008	746	53	1,209	4,963	1,644	3,319	2
75-84.....	1,364	509	185	13	311	855	276	579	--
85 and over.....	138	38	11	1	26	98	25	73	2
<b>Medical and surgical.....</b>	689,256	229,599	57,156	5,776	166,667	455,124	90,943	364,181	4,533
Under 35.....	20,791	9,002	4,036	295	4,671	10,302	88	10,214	1,487
35-44.....	58,725	21,430	7,377	546	13,507	36,344	3,273	33,071	951
45-54.....	93,202	33,303	10,436	740	22,127	59,189	5,929	53,260	710
55-64.....	162,620	41,890	10,916	1,005	29,969	119,930	21,567	98,363	800
65-74.....	244,507	81,642	16,439	2,106	63,097	162,507	41,980	120,527	358
75-84.....	97,083	38,362	7,218	916	30,228	58,552	15,408	43,144	169
85 and over.....	12,328	3,970	734	168	3,068	8,300	2,698	5,602	58

(1) Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.

(2) All patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc.

A veteran who is admitted as an Office of Workers Compensation Program case is classified as a nonveteran.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from other tables which are based on AMIS data.

Any difference is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.

TABLE 24

INPATIENT CARE

**Table 24 -- VA Medical Centers--Hospital Care Component:  
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1994**

Principal Diagnosis (1)	Total			Short Term (3)		Length of Stay (Days)				
	Patients	Avg. Days	Median Days (2)	Avg. Days	% of Tot. Discharges	1	2-3	4-7	8-14	15-21
<b>All diseases and conditions.....</b>	901,665	17.1	7.1	11.7	98.4	100,560	187,460	206,367	172,856	77,69
<b>I. Infectious and parasitic diseases.....</b>	15,141	19.2	8.8	13.1	98.0	1,615	2,287	3,315	3,308	1,67
Pulmonary tuberculosis (011).....	1,048	25.5	14.5	19.0	96.1	43	61	177	264	16
Tuberculosis, other (010, 012-018).....	171	30.2	19.1	22.0	95.3	5	10	19	44	1
Tuberculosis, late effects (137).....	--	--	--	--	--	--	--	--	--	--
All other infectious and parasitic diseases (001-009, 020-136).....	13,922	15.9	8.1	12.6	98.2	1,567	2,216	3,119	3,000	1,50
Late effects of other infectious and parasitic diseases (138-139).....	--	--	--	--	--	--	--	--	--	--
<b>II. Neoplasms.....</b>	74,727	14.5	7.7	12.4	98.7	9,957	14,662	13,871	14,995	7,63
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0).....	3,361	21.3	9.8	16.0	96.7	324	625	574	615	33
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9).....	10,004	19.4	12.9	16.6	98.1	695	1,043	1,516	2,507	1,53
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2).....	14,749	18.0	11.7	15.8	98.6	1,039	1,958	2,464	3,611	1,97
Malignant neoplasm of other respiratory system and Intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9).....	2,136	22.2	10.4	16.4	96.6	249	452	249	351	23
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208).....	5,246	14.7	8.0	13.2	99.0	677	871	1,083	1,022	558
Malignant neoplasm of genitourinary organs (179-189, 233).....	14,213	11.8	6.4	9.7	99.0	1,450	3,533	3,590	2,912	1,10
Malignancies of all other systems (170-175, 190-199, 232, 234).....	13,679	14.5	7.9	12.6	98.8	1,750	2,552	2,592	2,761	1,47
Neoplasms, benign (210-229).....	8,171	5.0	1.7	4.5	99.8	2,912	2,783	1,211	767	227
Neoplasms of unspecified nature (235-239).....	3,168	7.8	3.4	6.9	99.6	861	845	592	449	195
<b>III. Endocrine, nutritional, and metabolic diseases and immunity disorders.....</b>	27,203	12.5	6.8	10.0	98.7	2,301	5,795	7,895	5,919	2,12
Diabetes mellitus (250).....	16,825	14.4	7.4	11.2	98.3	1,068	3,160	4,884	3,950	1,44
Diseases of the endocrine glands (240-246, 251-259).....	1,876	10.4	5.7	8.6	99.3	211	520	483	357	140
Gout (274).....	842	8.0	5.6	7.5	99.6	73	231	303	134	53
Obesity (278.0-278.1).....	198	20.3	8.4	12.1	95.9	25	43	28	52	21
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8).....	7,313	9.2	5.9	8.3	99.4	815	1,814	2,191	1,423	458
Disorders involving the immune mechanisms (279).....	149	2.3	(4)	2.3	100.0	109	27	6	3	2
<b>IV. Diseases of the blood and blood-forming organs.....</b>	7,617	7.1	4.5	6.5	99.6	1,876	1,725	1,849	1,413	363
Anemias (280-282.4, 282.7-285).....	5,143	6.6	3.7	6.1	99.6	1,464	1,214	1,110	879	228
Sickle-cell trait and sickle-cell anemia (282.5-282.6).....	135	6.8	5.8	6.8	100.0	10	36	49	32	4
Other diseases of the blood and blood-forming organs (286-289).....	2,339	8.1	5.7	7.4	99.6	402	475	690	502	131
<b>V. Mental disorders.....</b>	212,409	33.6	15.0	18.7	96.5	13,581	21,004	34,982	36,682	27,01
Alcohol psychosis (291).....	4,777	34.0	6.9	10.8	95.7	294	1,038	1,465	882	351
Drug psychosis (292).....	1,380	15.2	8.2	11.4	98.9	99	209	374	331	154
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294).....	9,095	92.5	19.0	22.1	86.0	257	442	1,221	2,006	1,10
Schizophrenic disorders (295).....	34,979	69.5	17.7	21.3	92.1	1,835	2,443	4,593	6,808	4,76
Other psychoses (296-299).....	26,563	34.3	17.5	21.0	95.4	1,818	1,625	3,204	5,275	3,94
Neurotic disorders (300).....	5,882	21.1	11.9	16.5	97.4	679	595	1,007	1,180	716
Personality disorders (301).....	1,600	23.2	9.9	14.4	97.1	188	219	305	326	166
Alcohol dependence or abuse (303, 305.0).....	74,590	17.6	13.5	16.7	99.3	5,128	9,465	14,531	10,380	8,60
Drug dependence or abuse (304, 305.1-305.9).....	27,225	20.1	16.3	18.6	99.0	1,431	2,261	4,590	4,580	4,08
Other nonpsychotic mental disorders (302, 306-319).....	26,318	28.5	15.0	20.6	96.6	1,852	2,707	3,692	4,914	3,12

See footnotes at end of table.



Table 24 (continued) -- VA Medical Centers--Hospital Care Component:  
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1994

Principal Diagnosis (1)	Length of Stay (Days)-continued								Total Days
	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
<b>All diseases and conditions.....</b>	64,936	59,624	14,983	11,224	2,488	1,022	1,244	1,205	15,433,710
<b>I. Infectious and parasitic diseases.....</b>	1,077	1,209	303	253	55	18	19	6	253,616
Pulmonary tuberculosis (011).....	118	139	42	28	7	5	3	--	26,770
Tuberculosis, other (010, 012-018).....	33	32	6	6	2	--	1	--	5,157
Tuberculosis, late effects (137).....	--	--	--	--	--	--	--	--	--
All other infectious and parasitic diseases (001-009, 020-136).....	926	1,038	255	219	46	13	15	6	221,689
Late effects of other infectious and parasitic diseases (138-139).....	--	--	--	--	--	--	--	--	--
<b>II. Neoplasms.....</b>	5,257	5,647	1,551	900	144	43	53	13	1,087,092
Malignant neoplasm of lip, oral cavity and pharynx (140-149, 230.0).....	260	339	160	101	20	4	6	1	71,554
Malignant neoplasm of digestive organs and peritoneum (150-159, 230.1-230.9).....	1,102	1,112	268	185	24	10	4	2	193,953
Malignant neoplasm of bronchus and lung (162.2-162.9, 231.2).....	1,464	1,572	411	206	32	5	9	4	265,979
Malignant neoplasm of other respiratory system and Intrathoracic organs (160-162.0, 163-165, 231.0, 231.1, 231.8, 231.9).....	188	227	101	63	13	2	8	--	47,317
Malignant neoplasm of lymphatic and hematopoietic tissue (200-208).....	380	474	113	53	8	3	4	--	77,344
Malignant neoplasm of genitourinary organs (179-189, 233).....	637	666	165	119	17	5	13	4	167,250
Malignancies of all other systems (170-175, 190-199, 232, 234).....	997	1,070	281	156	24	13	5	1	198,606
Neoplasms, benign (210-229).....	122	103	31	9	2	1	2	1	40,524
Neoplasms of unspecified nature (235-239).....	107	84	21	8	4	--	2	--	24,565
<b>III. Endocrine, nutritional, and meta- bolic diseases and immunity disorders.....</b>	1,160	1,256	353	291	61	23	18	10	340,572
Diabetes mellitus (250).....	788	918	284	236	50	17	15	8	242,985
Diseases of the endocrine glands (240-246, 251-259).....	70	65	15	7	4	2	1	1	19,433
Gout (274).....	19	20	5	3	1	--	--	--	6,743
Obesity (278.0-278.1).....	4	11	5	5	2	1	1	--	4,028
Nutritional deficiencies and all other metabolic diseases (260-273, 275-277, 278.2-278.8).....	278	241	44	40	4	3	1	1	67,042
Disorders involving the immune mechanisms (279).....	1	1	--	--	--	--	--	--	341
<b>IV. Diseases of the blood and blood-forming organs.....</b>	213	124	28	15	9	2	--	--	53,917
Anemias (280-282.4, 282.7-285).....	139	70	21	12	6	--	--	--	34,137
Sickle-cell trait and sickle-cell anemia (282.5-282.6).....	2	2	--	--	--	--	--	--	916
Other diseases of the blood and blood-forming organs (286-289).....	72	52	7	3	3	2	--	--	18,864
<b>V. Mental disorders.....</b>	35,283	29,094	6,231	5,112	1,225	565	743	891	7,136,108
Alcohol psychosis (291).....	186	263	81	85	40	27	25	40	162,306
Drug psychosis (292).....	122	67	6	10	3	--	2	3	20,933
Organic psychotic conditions, excluding alcohol and drug psychosis (290, 293-294).....	965	1,242	471	583	219	114	224	245	841,005
Schizophrenic disorders (295).....	4,584	5,165	1,705	1,577	469	250	324	464	2,429,766
Other psychoses (296-299).....	3,876	4,258	1,155	899	209	90	111	96	912,256
Neurotic disorders (300).....	662	681	182	137	25	4	9	5	124,382
Personality disorders (301).....	162	142	44	26	7	8	4	3	37,175
Alcohol dependence or abuse (303, 305.0).....	15,327	9,639	909	513	68	15	6	--	1,310,957
Drug dependence or abuse (304, 305.1-305.9).....	5,844	3,595	494	247	89	10	1	--	546,582
Other nonpsychotic mental disorders (302, 306-319).....	3,555	4,042	1,184	1,035	96	47	37	35	750,746

See footnotes at end of table.

TABLE 24

INPATIENT CARE

Table 24 (continued) -- VA Medical Centers--Hospital Care Component:  
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1994

Principal Diagnosis (1)	Total			Short Term (3)		Length of Stay (Days)				
	Patients	Avg. Days	Median Days (2)	Avg. Days	% of Tot. Discharges	1	2-3	4-7	8-14	15-21
<b>VI. Diseases of the nervous system and sense organs.....</b>	42,784	18.9	3.2	7.3	97.6	6,624	18,244	6,846	5,019	1,883
Quadriplegia (344.0).....	871	122.9	19.3	21.8	80.4	42	55	114	171	88
Paraplegia (344.1).....	666	53.1	15.4	21.7	88.7	56	58	98	118	57
Epilepsy (345).....	2,658	10.2	6.5	8.8	99.3	272	556	799	594	215
Disorders of the peripheral nervous system (350-359).....	4,426	7.9	2.9	6.7	99.2	1,274	1,299	791	528	218
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349).....	10,580	49.7	10.7	15.1	93.4	832	1,382	2,157	2,469	1,034
Glaucoma (365).....	1,369	4.3	2.8	4.1	99.7	187	706	294	139	28
Cataract (366).....	13,945	2.5	1.9	2.5	99.9	2,199	10,345	1,060	249	42
Blindness (369).....	94	12.1	3.6	9.3	98.9	17	34	12	17	2
Disorders of the eye and adnexa (360-364, 367-368, 370-379).....	5,705	4.3	2.4	4.1	99.8	1,256	2,730	993	479	134
Diseases of the ear and mastoid process (380-389).....	2,470	4.8	2.8	4.4	99.7	489	1,079	528	255	65
<b>VII. Diseases of the circulatory system .....</b>	156,995	10.6	6.8	9.3	99.3	14,154	34,270	43,596	37,574	12,874
Chronic rheumatic heart disease (393-398).....	577	12.1	9.2	11.9	99.8	36	121	106	152	67
Hypertensive disease without heart involvement (401, 403, 405).....	6,593	10.1	5.6	8.2	99.2	738	1,813	1,821	1,274	427
Hypertensive heart disease (402, 404).....	1,699	12.8	7.2	9.7	98.8	60	318	583	438	136
Acute myocardial infarction (410).....	10,551	10.2	8.7	9.9	99.8	887	1,006	3,025	3,789	1,050
Other ischemic heart disease (411-414).....	47,094	7.5	5.4	7.1	99.8	4,978	13,855	13,173	9,827	3,015
Other forms of heart disease (391, 392.0, 420-429).....	45,874	10.1	6.7	8.9	99.5	3,986	9,142	14,500	10,955	3,600
Cerebrovascular diseases (430-438).....	18,782	16.4	9.1	13.2	98.3	1,011	2,883	4,778	4,751	1,993
Atherosclerosis (440).....	3,184	20.3	10.9	15.6	96.8	176	662	481	678	367
Other diseases of arteries, arterioles, and capillaries (441-448).....	10,872	14.8	9.4	12.6	98.5	931	2,139	1,834	2,740	1,336
Varicose veins of lower extremities (454).....	1,173	19.3	9.8	14.6	97.2	72	213	240	245	138
Hemorrhoids (455).....	2,456	4.1	2.4	4.1	99.9	634	1,006	504	225	49
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459).....	8,140	10.4	7.6	9.6	99.6	645	1,112	2,551	2,500	696
<b>VIII. Diseases of the respiratory system.....</b>	70,001	13.2	7.3	10.1	98.8	5,229	12,500	21,053	17,539	6,082
Acute respiratory infections (460-466).....	2,899	7.0	5.6	6.6	99.7	302	720	1,056	599	128
Pneumonia and influenza (480-487).....	20,911	13.9	9.1	11.6	99.1	610	2,016	6,817	6,625	2,279
Chronic bronchitis (491).....	9,384	10.4	7.0	8.6	99.2	402	1,666	3,564	2,455	688
Emphysema (492).....	1,347	18.8	7.9	11.2	98.1	69	217	399	352	134
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519).....	35,460	13.7	6.6	9.8	98.5	3,846	7,881	9,217	7,508	2,853
<b>IX. Diseases of the digestive system.....</b>	77,744	8.3	5.2	7.6	99.6	10,518	22,524	20,671	14,116	4,643
Diseases of oral cavity, salivary glands, and jaws (520-529).....	3,165	5.6	2.7	4.7	99.7	657	1,390	639	327	59
Ulcers of the digestive system (530.2, 531-534).....	5,352	9.4	6.2	8.6	99.5	481	1,204	1,801	1,103	343
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537).....	8,666	7.2	4.8	6.7	99.6	1,460	2,356	2,515	1,453	432
Hernia of the abdominal cavity (550-553).....	15,846	4.3	2.8	4.2	99.9	2,546	7,833	3,388	1,521	331
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579).....	25,075	9.2	5.7	8.1	99.5	3,700	6,013	6,803	4,943	1,667
Alcohol related liver disorders (571.0-571.3).....	4,636	12.7	8.3	11.7	99.3	381	720	1,177	1,188	507
Other diseases of the liver, gallbladder, and pancreas (570, 571.4-577).....	15,004	10.4	7.0	9.6	99.4	1,293	3,008	4,348	3,581	1,304
<b>X. Diseases of the genitourinary system.....</b>	40,841	8.5	5.3	7.5	99.5	5,049	11,489	11,992	7,214	2,317
Nephritis, nephrotic syndrome and nephrosis (580-589).....	5,302	15.4	7.7	11.7	98.3	550	1,018	1,187	1,160	499
Other diseases of the urinary system (590-599).....	22,838	8.5	5.7	7.8	99.6	2,487	6,163	6,522	4,659	1,458
Diseases of the prostate (600-602).....	6,611	6.2	5.2	5.9	99.8	713	1,710	2,867	877	238
Other diseases of the male genital organs (603-608).....	4,273	5.1	3.0	4.8	99.8	735	1,917	990	409	101
Disorders of breast and gynecological diseases (610-629).....	1,817	3.5	2.0	3.4	99.9	564	681	426	109	21

See footnotes at end of table.

Table 24 (continued) -- VA Medical Centers--Hospital Care Component:  
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1994

Principal Diagnosis (1)	Length of Stay (Days)-continued								Total Days
	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
<b>VI. Diseases of the nervous system and sense organs.....</b>	1,172	1,352	547	537	173	73	140	174	809,177
Quadriplegia (344.0).....	61	111	50	78	38	14	21	28	107,043
Paraplegia (344.1).....	63	76	54	51	18	8	6	3	35,345
Epilepsy (345).....	102	80	22	12	1	3	2	--	27,070
Disorders of the peripheral nervous system (350-359).....	123	110	44	28	7	1	3	--	34,888
Other diseases of the central nervous system (320-343, 344.2-344.9, 346-349).....	719	877	361	346	107	46	107	143	526,210
Glaucoma (365).....	7	4	1	3	--	--	--	--	5,918
Cataract (366).....	20	20	5	4	1	--	--	--	35,025
Blindness (369).....	3	6	2	--	--	1	--	--	1,136
Disorders of the eye and adnexa (360-364, 367-368, 370-379).....	47	50	5	10	1	--	--	--	24,649
Diseases of the ear and mastoid process (380-389).....	27	18	3	5	--	--	1	--	11,893
<b>VII. Diseases of the circulatory system.....</b>	6,487	5,462	1,320	927	191	64	58	18	1,667,422
Chronic rheumatic heart disease (393-398).....	48	43	2	2	--	--	--	--	6,997
Hypertensive disease without heart involvement (401, 403, 405).....	229	179	50	39	11	7	3	2	66,536
Hypertensive heart disease (402, 404).....	74	53	18	10	4	2	2	1	21,725
Acute myocardial infarction (410).....	438	277	53	25	1	--	--	--	107,099
Other ischemic heart disease (411-414).....	1,306	700	126	87	18	5	1	3	352,292
Other forms of heart disease (391, 392.0, 420-429).....	1,751	1,387	290	187	37	12	20	7	461,917
Cerebrovascular diseases (430-438).....	1,149	1,433	390	300	53	18	18	5	307,564
Atherosclerosis (440).....	283	312	111	87	21	3	3	--	64,748
Other diseases of arteries, arterioles, and capillaries (441-448).....	796	721	186	141	33	9	6	--	161,308
Varicose veins of lower extremities (454).....	90	101	38	26	5	3	2	--	22,677
Hemorrhoids (455).....	21	12	3	2	--	--	--	--	10,171
Other diseases of the circulatory system (390, 392.9, 415-417, 451-453, 456-459).....	302	244	53	21	8	5	3	--	84,388
<b>VIII. Diseases of the respiratory system.....</b>	3,162	2,823	734	564	139	51	73	52	922,285
Acute respiratory infections (460-466).....	48	34	4	7	--	--	1	--	20,169
Pneumonia and influenza (480-487).....	1,173	949	244	135	33	6	14	10	291,671
Chronic bronchitis (491).....	288	200	41	51	13	4	8	4	98,032
Emphysema (492).....	64	63	21	12	6	3	4	3	25,327
Other diseases of the respiratory system and upper respiratory tract (470-478, 490, 493-519).....	1,589	1,577	424	359	87	38	46	35	487,086
<b>IX. Diseases of the digestive system.....</b>	2,321	2,104	464	301	49	15	13	5	644,485
Diseases of oral cavity, salivary glands, and jaws (520-529).....	30	44	12	5	--	1	--	1	17,792
Ulcers of the digestive system (530.2, 531-534).....	178	163	47	24	6	1	1	--	50,072
Other diseases of the esophagus, stomach, and duodenum (530.0, 530.1, 530.3-530.9, 535-537).....	220	158	30	34	7	--	1	--	62,765
Hernia of the abdominal cavity (550-553).....	118	78	15	13	--	2	1	--	68,614
Other diseases of the intestine and peritoneum (540-543, 555-569, 578-579).....	835	788	180	108	21	6	8	3	229,788
Alcohol related liver disorders (571.0-571.3).....	273	292	58	31	5	3	1	--	58,735
Other diseases of the liver, gallbladder, and pancreas (570, 571.4-577).....	667	581	122	86	10	2	1	1	156,719
<b>X. Diseases of the genitourinary system.....</b>	1,278	1,043	243	144	38	16	15	3	345,150
Nephritis, nephrotic syndrome and nephrosis (580-589).....	356	342	92	59	19	11	7	2	81,663
Other diseases of the urinary system (590-599).....	745	576	132	71	14	4	6	1	194,175
Diseases of the prostate (600-602).....	115	72	9	5	3	1	1	--	41,084
Other diseases of the male genital organs (603-608).....	55	45	10	8	2	--	1	--	21,896
Disorders of breast and gynecological diseases (610-629).....	7	8	-	1	--	--	--	--	6,332

See footnotes at end of table.

TABLE 24

INPATIENT CARE

Table 24 (continued) -- VA Medical Centers--Hospital Care Component:  
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1994

Principal Diagnosis (1)	Total			Short Term (3)		Length of Stay (Days)				
	Patients	Avg. Days	Median Days (2)	Avg. Days	% of Tot. Discharges	1	2-3	4-7	8-14	15-21
<b>XI. Complications of pregnancy, childbirth, and puerperium (630-676).....</b>	34	5.2	1.4	5.2	100.0	13	12	5	1	1
<b>XII. Diseases of skin and subcutaneous tissue.....</b>	17,998	17.8	7.4	11.8	96.9	1,586	3,050	5,083	3,951	1,392
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698).....	11,713	10.0	7.0	9.2	99.5	667	2,110	4,159	2,946	874
Other diseases of skin and subcutaneous tissue (700-709).....	6,285	32.4	10.5	17.0	92.0	919	940	924	1,005	518
<b>XIII. Diseases of the musculoskeletal system and connective tissue.....</b>	36,056	9.7	5.4	8.4	99.3	6,245	9,207	7,505	7,365	2,437
Osteoarthritis and allied disorders (715).....	6,065	10.5	9.4	9.8	99.6	590	882	1,099	2,347	679
Other arthropathies and related disorders (710-714, 716-719).....	6,008	8.7	3.8	7.2	99.3	1,202	1,888	1,321	841	298
Dorsopathies (720-724).....	12,071	8.3	5.1	7.6	99.6	2,135	3,152	2,831	2,344	733
Rheumatism, excluding the back (725-729).....	5,229	5.7	2.6	5.3	99.6	1,462	1,773	1,029	567	151
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739).....	6,683	15.3	7.2	12.4	98.2	856	1,512	1,225	1,266	576
<b>XIV. Congenital deformities (740-759).....</b>	1,200	8.1	4.0	7.1	99.5	227	374	252	198	67
<b>XVI. Symptoms, signs, and ill defined conditions (780-799).....</b>	49,369	7.0	3.8	6.2	99.5	10,529	14,829	12,337	7,233	2,033
<b>XVII. Injury and poisoning.....</b>	37,567	11.9	6.1	9.9	98.9	5,631	8,726	8,605	7,106	2,840
Fracture of skull (800-804).....	881	7.1	4.8	6.9	99.7	127	262	258	151	40
Fracture of neck and trunk (805-809).....	1,272	19.5	8.9	13.5	96.8	146	197	254	301	109
Fracture of upper and lower limb (810-829).....	6,776	16.3	8.7	13.6	98.0	765	1,043	1,433	1,510	691
Dislocations, sprains, and strains of joints and adjacent muscles (830-848).....	2,904	5.2	2.7	4.7	99.6	704	1,114	688	256	51
Intracranial injury, excluding those with skull fracture (850-854).....	1,073	20.5	5.8	10.7	97.6	248	193	214	169	77
Internal injury of chest, abdomen, and pelvis (860-869).....	386	10.7	6.9	10.1	99.4	44	63	119	92	23
Open wounds (870-897).....	1,720	6.7	3.4	6.1	99.5	456	484	406	205	77
Burns (940-949).....	585	16.1	10.0	14.5	98.6	70	76	110	131	75
Poisoning by drugs, medicinal and biological substances (960-979).....	1,897	6.1	4.1	5.9	99.8	408	530	523	260	95
Toxic effects of substances chiefly nonmedical as to source (980-989).....	288	6.8	2.0	6.1	99.6	110	67	48	36	7
All other injuries (900-904, 910-939, 950-959, 990-995).....	2,826	10.4	3.8	6.9	99.3	705	753	630	411	138
Complications of surgical and medical care, NEC (996-999).....	16,959	11.8	6.8	10.5	99.1	1,848	3,944	3,922	3,584	1,457
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--	--	--	--
<b>XVIII. Factors influencing health status and contact with health services (V01-V82).....</b>	33,979	20.6	7.0	16.1	97.1	5,425	6,762	6,510	3,223	2,317

See footnotes at end of table.

**Table 24 (continued) -- VA Medical Centers--Hospital Care Component:  
Patients Discharged, Diagnostic Group, and Length of Stay--Fiscal Year 1994**

Principal Diagnosis (1)	Length of Stay (Days)-continued								Total Days
	22-30	31-60	61-90	91-180	181-270	271-365	366-730	731 Plus	
<b>XI. Complications of pregnancy, childbirth, and puerperium (630-676).....</b>	1	1	--	--	--	--	--	--	178
<b>XII. Diseases of skin and subcutaneous tissue.....</b>	834	1,060	401	417	114	53	51	6	321,125
Infections and inflammatory conditions of skin and subcutaneous tissue (680-698).....	429	378	81	54	10	1	3	1	117,342
Other diseases of skin and subcutaneous tissue (700-709).....	405	682	320	363	104	52	48	5	203,783
<b>XIII. Diseases of the musculoskeletal system and connective tissue.....</b>	1,422	1,273	315	214	44	12	12	5	348,195
Osteoarthritis and allied disorders (715).....	265	150	26	17	6	1	3	--	63,771
Other arthropathies and related disorders (710-714, 716-719).....	177	186	52	30	5	4	2	2	52,119
Dorsopathies (720-724).....	448	300	72	44	7	1	2	2	99,920
Rheumatism, excluding the back (725-729).....	116	97	18	13	3	--	--	--	29,828
Osteopathies, chondropathies, and acquired musculoskeletal deformities (730-739).....	416	540	147	110	23	6	5	1	102,557
<b>XIV. Congenital deformities (740-759).....</b>	43	25	7	4	2	--	1	--	9,751
<b>XVI. Symptoms, signs, and ill defined conditions (780-799).....</b>	1,065	877	235	160	38	11	13	9	346,872
<b>XVII. Injury and poisoning.....</b>	1,763	1,832	573	392	59	18	14	8	447,020
Fracture of skull (800-804).....	17	18	6	2	--	--	--	--	6,264
Fracture of neck and trunk (805-809).....	79	104	33	36	9	2	1	1	24,852
Fracture of upper and lower limb (810-829).....	465	506	193	143	20	4	3	--	110,488
Dislocations, sprains, and strains of joints and adjacent muscles (830-848).....	43	22	14	10	2	--	--	--	14,957
Intracranial injury, excluding those with skull fracture (850-854).....	60	57	29	14	2	4	2	4	22,037
Internal injury of chest, abdomen, and pelvis (860-869).....	21	16	5	3	--	--	--	--	4,113
Open wounds (870-897).....	35	38	12	6	1	--	--	--	11,470
Burns (940-949).....	38	56	20	9	--	--	--	--	9,416
Poisoning by drugs, medicinal and biological substances (960-979).....	46	27	5	3	--	--	--	--	11,520
Toxic effects of substances chiefly nonmedical as to source (980-989).....	10	6	3	--	1	--	--	--	1,951
All other injuries (900-904, 910-939, 950-959, 990-995).....	63	87	20	11	4	--	2	2	29,275
Complications of surgical and medical care, NEC (996-999).....	886	895	233	155	20	8	6	1	200,677
Late effects of injuries, poisonings, toxic effects, and other external causes (905-909).....	--	--	--	--	--	--	--	--	--
<b>XVIII. Factors influencing health status and contact with health services (V01-V82).....</b>	2,398	4,442	1,678	993	147	58	21	5	700,745

(1) The diagnostic categories and selected diagnoses included in this table are based on the "International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)," DHHS Publication No. (PHS) 80-1260. The numbers following the diagnoses are the identifying code number of this diagnostic classification. Category XV, "Certain Conditions Originating in the Perinatal Period," in which no cases occurred, is not included in this table. Principal diagnosis is that diagnosis designated by the discharge physician as responsible for the major portion of the patient's length of stay.

(2) One-half of the discharges in the given category have length of stays greater than the median; the other half, less than the median.

(3) Includes hospital stays of 1 to 99 days and conforms to the definition adopted by the Commission on Professional and Hospital Activities.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from other tables, which are based on AMIS data. Any difference is due to corrections made to AMIS data subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, the PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.



**Table 25 -- VA Medical Centers--Hospital Care Component: Patients Discharged, Compensation and Pension Status, Eligibility Status, Type of Patient, and Gender--Fiscal Year 1994**

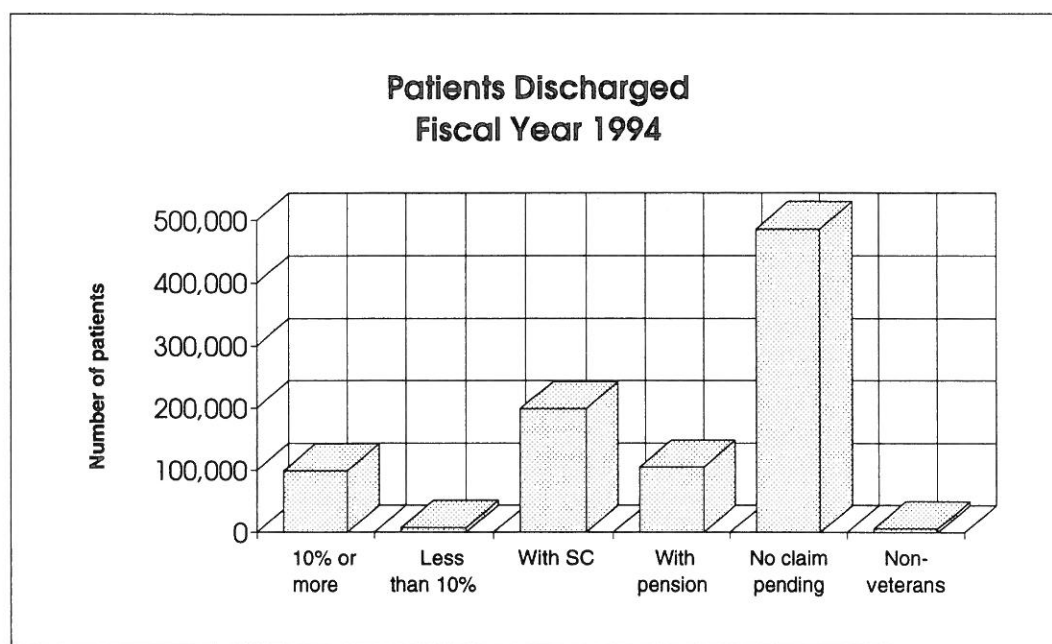
Eligibility Status	All Patients				Female				Male			
	Total	Psychotic	Other Psychiatric	Medical and Surgical	Total	Psychotic	Other Psychiatric	Medical and Surgical	Total	Psychotic	Other Psychiatric	Medical and Surgical
VA hospitals--total.....	901,665	76,794	135,615	689,256	24,962	3,716	3,027	18,219	876,703	73,078	132,588	671,037
Service-connected.....	106,025	25,213	17,880	62,932	4,284	1,468	431	2,385	101,741	23,745	17,449	60,547
10% or more.....	98,521	24,471	16,894	57,156	4,063	1,438	407	2,218	94,458	23,033	16,487	54,938
Less than 10%.....	7,504	742	986	5,776	221	30	24	167	7,283	712	962	5,609
Nonservice-connected												
with SC (1).....	198,844	10,805	21,372	166,667	5,160	540	581	4,039	193,684	10,265	20,791	162,628
with pension.....	104,814	7,556	6,315	90,943	2,206	321	111	1,774	102,608	7,235	6,204	89,169
no claim pending.....	486,342	32,961	89,200	364,181	11,263	1,327	1,781	8,155	475,079	31,634	87,419	356,026
Non-veterans (2).....	5,640	259	848	4,533	2,049	60	123	1,866	3,591	199	725	2,667

(1) Veterans with compensable service-connected disabilities but treated for nonservice-connected disability only.

(2) This group includes all patients other than veterans, such as active military, humanitarian emergencies, reimbursable cases, allied beneficiaries, donors, etc. A veteran admitted as an Office of Worker's Compensation Program case is coded as a non-veteran.

NOTE: This table is based on the Patient Treatment File (PTF) and may differ from other tables, which are based on AMIS data.

Any difference is due to corrections made to AMIS subsequent to the closing of input to AMIS, and to incomplete PTF records. In addition, PTF counts a transfer between medical facilities as a discharge while AMIS totals exclude transfers from the total discharges.



**Table 26 -- Domiciliary Care for Homeless Veterans (DCHV)  
Discharges, Operating Beds, Average Length of Stay  
and Status at Time of Discharge from DCHV Program**

**Fiscal Year 1994**

State	Facility	DCHV Beds	Average Length of Stay (Days)	Discharged	Status at Time of Discharge from DCHV				
					Completed Program	Housed (1)	Institution- alized (2)	Employed	Disabled or Retired
Alaska:	Anchorage.....	19	120.2	32	17	17	6	17	2
Arizona:	Prescott.....	50	80.4	174	60	64	55	43	17
Arkansas:	Little Rock.....	60	100.7	208	161	147	20	149	4
California:	Palo Alto.....	50	111.9	152	43	52	47	67	8
	West Los Angeles....	100	173.6	140	95	65	37	33	45
Florida:	Bay Pines.....	25	163.8	69	37	30	14	29	20
Georgia:	Dublin.....	25	85.0	50	19	23	12	17	5
Illinois:	North Chicago.....	60	136.1	151	62	112	15	68	0
Iowa:	Des Moines.....	20	121.4	56	14	29	10	21	6
Kansas:	Leavenworth.....	30	176.7	47	24	25	9	21	3
Massachusetts:	Bedford.....	40	144.2	93	55	43	21	8	0
	Brockton*.....								
Mississippi:	Biloxi.....	40	128.7	100	46	53	11	65	3
Missouri:	St. Louis*.....								
New Jersey:	Lyons.....	70	154.3	159	80	81	20	72	1
New York:	Brooklyn.....	50	160.1	98	46	57	4	12	12
	Canadaigua.....	25	130.8	132	79	69	22	20	14
	Montrose.....	60	247.8	57	30	34	11	15	12
Ohio:	Cincinnati.....	50	150.6	75	39	48	10	23	21
	Cleveland.....	75	208.4	163	72	111	25	67	6
	Dayton.....	25	123.6	43	17	19	2	31	0
Oregon:	Portland.....	40	158.5	79	42	41	23	24	22
	White City.....	51	168.3	89	48	41	18	28	1
Pennsylvania:	Butler.....	25	124.4	69	36	33	14	22	3
	Coatesville.....	42	93.8	159	99	95	11	76	16
	Pittsburgh.....	50	63.6	56	13	22	8	12	4
South Dakota:	Hot Springs.....	50	160.2	111	60	57	36	30	22
Tennessee:	Mountain Home.....	25	127.9	66	25	23	20	10	18
Texas:	Dallas.....	40	139.5	93	50	39	25	22	3
Virginia:	Hampton.....	28	100.2	116	66	23	65	9	23
Washington:	American Lake.....	60	103.2	192	128	87	47	72	15
West Virginia:	Martinsburg.....	60	182.0	57	32	25	17	11	17
Wisconsin:	Milwaukee.....	25	119.1	68	34	21	27	24	13
Totals.....		1,370	134.3	3,154	1,629	1,586	662	1,118	336

\* Brockton and St. Louis, new DCHV sites, were not operational during fiscal year 1994.

(1) Housed in own residence or residence of family or of a friend.

(2) Includes halfway house, transitional program, another domiciliary, or other institution.

TABLE 27

## HOMELESS VETERANS

Table 27 -- Homeless Chronically Mentally III  
Number of Contacts

State	Facility	Fiscal Year 1993					Fiscal Year 1994				
		Number of Visits (1)	Number of Individuals	Visits per Individual	Clinicians Visited	Visits per Clinician	Number of Visits (1)	Number of Individuals	Visits per Individual	Clinicians Visited	Visits per Clinician
Alaska:	Anchorage*						1,792	288	6.2	5.0	358
Alabama:	Birmingham*						1,542	193	8.0	4.0	386
	Tuskegee	1,171	134	8.7	2.0	586	1,175	189	6.2	2.0	588
Arizona:	Phoenix	945	168	5.6	2.0	473	1,423	303	4.7	2.0	712
	Tucson	2,752	534	5.2	3.0	917	2,629	498	5.3	3.0	876
Arkansas:	Little Rock	4,951	601	8.2	4.0	1238	4,435	548	8.1	4.0	1109
California:	Long Beach	1,291	382	3.4	2.0	646	1,828	438	4.2	2.0	914
	Los Angeles (IOC)	1,683	550	3.1	3.0	561	1,410	310	4.5	3.0	470
	San Diego	3,859	511	7.6	3.0	1286	2,480	627	4.0	3.0	827
	San Francisco	5,328	901	5.9	3.0	1776	9,951	934	10.7	4.0	2488
	W. Los Angeles	5,002	912	5.5	3.0	1667	6,154	1,674	3.7	8.0	769
Colorado:	Denver	1,064	330	3.2	2.0	532	691	301	2.3	2.0	346
Connecticut:	West Haven*						1,908	171	11.2	2.0	954
Dist. of Columbia:	Washington	4,119	1,033	4.0	4.0	1030	3,379	1,059	3.2	5.4	626
Florida:	Miami*	24	24	1.0	1.8	13	72	41	1.8	1.8	40
	Tampa	1,648	264	6.2	2.0	824	1,708	245	7.0	3.0	569
Georgia:	Atlanta	1,098	369	3.0	2.0	549	827	353	2.3	2.0	414
	Augusta	1,430	114	12.5	2.0	715	1,759	115	15.3	2.0	880
Illinois:	Hines	828	372	2.2	2.0	414	1,615	884	1.8	3.0	538
Indiana:	Indianapolis	2,706	349	7.8	3.0	902	3,382	418	8.1	4.0	846
Kentucky:	Louisville	1,053	211	5.0	2.0	527	1,605	231	6.9	2.0	803
Louisiana:	New Orleans	1,734	520	3.3	4.0	434	1,467	415	3.5	3.0	489
Maryland:	Perry Point	623	98	6.4	2.0	312	1,201	137	8.8	2.0	601
Massachusetts:	Boston	2,194	330	6.6	3.0	731	3,436	609	5.6	4.0	859
Michigan:	Allen Park*						1,974	556	3.6	3.7	534
Minnesota:	Minneapolis*	82	49	1.7	2.0	41	856	185	4.6	2.0	428
Missouri:	Kansas City	1,311	235	5.6	2.0	656	1,351	269	5.0	2.0	676
	St. Louis (MC2)	2,626	642	4.1	2.0	1313	2,246	639	3.5	2.0	1123
New Jersey:	East Orange	2,580	309	8.3	2.0	1290	2,963	230	12.9	2.0	1482
New York:	Albany	1,959	373	5.3	3.0	653	2,116	476	4.4	4.0	529
	Bath	2,634	569	4.6	2.0	1317	2,542	531	4.8	2.0	1271
	Bronx	1,709	168	10.2	1.0	1709	2,699	167	16.2	2.0	1350
	Brooklyn	976	262	3.7	2.0	488	1,929	434	4.4	5.0	386
	Buffalo	5,490	372	14.8	3.0	1830	5,138	396	13.0	5.0	1028
	New York	18,426	1,378	13.4	7.0	2632	18,180	1,294	14.0	7.9	2301
	Syracuse	2,119	275	7.7	3.0	706	1,289	203	6.3	3.0	430
Ohio:	Cincinnati	2,244	419	5.4	3.0	748	1,831	311	5.9	3.0	610
	Cleveland	1,888	321	5.9	2.0	944	1,388	290	4.8	3.0	463
	Dayton	2,126	365	5.8	3.0	709	1,582	279	5.7	3.0	527
	Toledo	315	64	4.9	3.0	105	1,997	168	11.9	3.0	666
Oklahoma:	Oklahoma City*						588	213	2.8	2.0	294
Oregon:	Portland	3,457	758	4.6	2.0	1729	3,009	590	5.1	2.0	1505
	Roseburg	1,508	339	4.4	3.5	431	2,392	455	5.3	3.5	683
Pennsylvania:	Lebanon*						257	111	2.3	2.0	129
	Philadelphia*						602	349	1.7	2.0	301
	Pittsburgh	3,433	437	7.9	3.0	1144	3,077	426	7.2	5.0	615
	Wilkes-Barre	1,676	369	4.5	2.0	838	1,765	375	4.7	3.0	588
Rhode Island:	Providence*						71	43	1.7	3.0	24
South Carolina:	Charleston	2,691	311	8.7	2.0	1346	1,768	329	5.4	2.0	884
Tennessee:	Mountain Home	968	121	8.0	2.0	484	2,106	309	6.8	2.0	1053
	Nashville	618	129	4.8	2.0	309	603	167	3.6	2.0	302
Texas:	Dallas	4,569	932	4.9	3.5	1305	5,319	1,011	5.3	4.9	1086
	Houston	2,597	493	5.3	2.0	1299	1,393	389	3.6	3.0	464
	San Antonio	2,078	134	15.5	2.0	1039	2,458	165	14.9	2.0	1229
Utah:	Salt Lake City	3,383	531	6.4	3.0	1128	4,518	569	7.9	4.0	1130
Virginia:	Hampton	2,855	442	6.5	3.0	952	2,529	562	4.5	2.0	1265
Washington:	Walla Walla	1,204	344	3.5	2.0	602	1,103	248	4.4	2.0	552
Wyoming:	Cheyenne	2,032	443	4.6	2.0	1016	1,650	321	5.1	2.0	825
	Totals	125,057	20,291	6.2	128.8	971	143,158	24,041	6.0	177.2	808

\* Site Implemented during fiscal year 1993

(1) Visits as used here is a stop at the HCMC clinic during a visit to the outpatient facility.

## INPATIENT CARE

## TABLE 28

**Table 28 -- Operating Costs of VA Inpatient Facilities -- Fiscal Year 1994**  
(In thousands)

Activity	Total	Hospital Care					Nursing Home Care	Domiciliary Care
		Total	Bed Section					
			Medical	Surgical	Psychiatric	Intermediate		
Cost--total.....	\$9,470,955	\$8,229,688	\$3,578,519	\$2,300,319	\$1,664,494	\$686,356	\$1,018,740	\$222,527
Direct care--total.....	5,755,161	5,010,993	2,125,535	1,471,641	982,480	431,337	624,431	119,737
Professional and ancillary:								
Other medical services .....	2,039,002	1,728,181	756,923	502,947	330,321	137,990	211,637	99,184
Medical services.....	407,193	375,059	275,580	57,161	12,516	29,802	28,375	3,759
Surgical services.....	261,953	259,767	17,799	238,811	1,582	1,575	1,785	401
Psychiatry services.....	168,713	160,810	11,487	2,471	143,165	3,687	3,518	4,385
Pharmacy services.....	397,778	362,484	186,164	114,097	37,844	24,379	31,440	3,854
Nursing services.....	2,480,522	2,124,692	877,582	556,154	457,052	233,904	347,676	8,154
Support--total.....	3,715,794	3,218,695	1,452,984	828,678	682,014	255,019	394,309	102,790
Administrative support.....	998,430	848,246	358,298	203,018	205,028	81,902	120,204	29,980
Engineering support.....	865,229	709,915	291,969	180,851	166,535	70,560	114,178	41,136
Building management.....	433,116	350,309	131,359	86,590	86,464	45,896	72,233	10,574
Research support.....	298,127	288,960	169,853	63,841	49,691	5,575	7,818	1,349
Education and training support.....	621,002	590,480	304,656	173,205	93,286	19,333	26,483	4,039
Asset acquisitions (1).....	499,890	430,785	196,849	121,173	81,010	31,753	53,393	15,712

(1) Asset acquisitions reflect obligations.

NOTE: Detail may not add to totals shown due to rounding.

TABLE 29

AMBULATORY CARE

**Table 29 -- Outpatient Medical Care: Visits to VA Staff and Private Physicians on a Fee-For-Service Basis**  
**Fiscal Years 1987 -- 1994**

Fiscal Year	Total Visits	Category of Visit				
		Visits to VA Staff				Total Fee Basis
		Total	Service-Connected Veterans	Nonservice-Connected Veterans	Nonveterans	
1994.....	25,157,983	24,134,839	10,916,062	12,184,438	1,034,339	1,023,144
1993.....	24,236,095	23,144,396	10,516,758	11,611,791	1,015,847	1,091,699
1992.....	23,901,825	22,788,431	10,433,307	11,428,714	926,410	1,113,394
1991.....	23,034,516	21,932,426	10,109,392	10,985,504	837,530	1,102,090
1990.....	22,602,540	21,399,342	9,885,926	10,683,641	829,775	1,203,198
1989.....	22,629,343	21,025,887	9,590,760	10,623,025	812,102	1,603,456
1988.....	23,232,895	21,473,403	9,396,760	10,805,912	1,270,731	1,759,492
1987.....	21,634,757	19,837,424	8,759,011	10,104,380	974,033	1,797,333

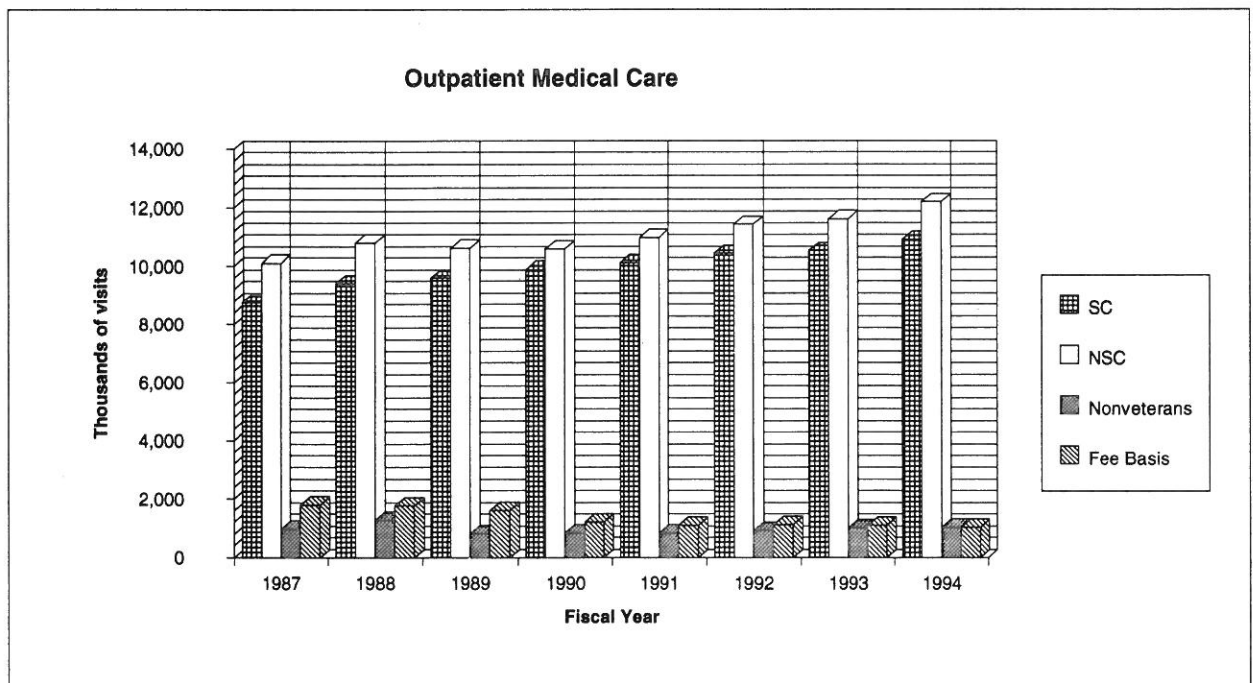




Table 30 -- Pharmacy Activity

<i>Activity</i>	<i>Fiscal Year 1994*</i>	<i>Fiscal Year 1993</i>	<i>Fiscal Year 1992</i>
<b>VA pharmacies:</b>			
Prescriptions dispensed--total.....	64,525,038	59,089,721	56,472,121
Inpatient.....	905,532	962,136	881,223
Ambulatory--total .....	63,619,506	58,127,585	55,590,898
Methadone.....	1,194,628	1,197,265	1,065,681
All other (including fee-basis filled by VA pharmacies) .....	62,424,878	56,930,320	54,525,217
Unit doses dispensed .....	201,356,295	180,010,789	173,015,636
Primary intravenous admixtures .....	1,995,039	2,054,098	2,056,030
Secondary intravenous admixtures ("piggy-backs").....	9,392,381	9,797,714	9,952,175
Hyperalimentation .....	240,582	308,112	311,107
Fluids and sets .....	9,763,457	9,910,947	9,973,310
Patient oriented activity (hours).....	1,562,873	1,457,091	1,294,364
<b>Fee-basis:</b>			
Prescriptions filled by VA pharmacies .....	2,522,413	2,215,649	2,911,588
Prescriptions filled by participating pharmacies .....	170,210	115,997	92,826

\* 1994 ambulatory prescriptions equate to 72,653,476 in 30-day equivalents. Reported figure includes 60-90 days supplies.

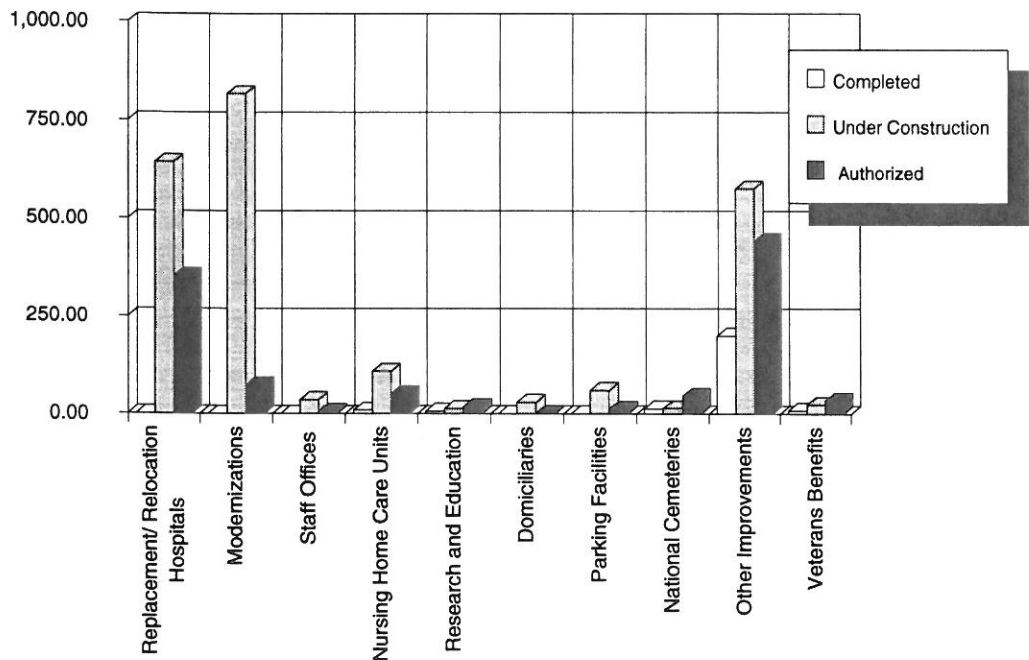
TABLE 31

## CONSTRUCTION PROJECTS

Table 31 -- Construction Status Summary -- Fiscal Year 1994

Description	Total		Completed		Under Construction		Authorized but not Under Construction	
	No.	Estimated Construction Cost (Millions)	No.	Estimated Construction Cost (Millions)	No.	Estimated Construction Cost (Millions)	No.	Estimated Construction Cost (Millions)
Totals.....	696	\$3,593.93	148	\$237.86	333	\$2,320.48	215	\$1,035.59
Replacement/Relocation Hospitals.....	7	996.33	0	0.00	5	642.80	2	353.52
Modernizations.....	9	889.87	0	0.00	8	816.87	1	73.00
Staff Offices .....	26	40.85	0	0.00	23	35.99	3	4.86
Nursing Home Care Units.....	62	169.19	5	9.37	30	108.99	27	50.83
Research and Education.....	23	37.98	4	6.40	7	13.47	12	18.11
Domiciliaries.....	2	29.17	0	0.00	2	29.17	0	0.00
Parking Facilities.....	7	72.12	0	0.00	5	60.12	2	12.00
National Cemeteries.....	82	73.98	28	13.71	31	13.99	23	46.29
Other Improvements.....	428	1,216.40	109	199.32	176	575.29	143	441.79
Veterans Benefits.....	50	68.04	2	9.06	46	23.79	2	35.19

**Construction Status  
Fiscal Year 1994**



# CONSTRUCTION PROJECTS

TABLE 32

Table 32 -- Replacement and Relocation Hospital Construction Projects (1)--Fiscal Year 1994  
Completions and Year-End Status

Location	Number of Projects	Number of Beds	Estimated Construction Costs (2)	Value of Work in Place	Percent Com- plete (3)	Date Construction Completed (C) or Contract Awarded (A)
Total.....	7	3,047	\$996,325,976	\$508,523,128	51.0	
A. Projects completed:	0	0	\$0	\$0		
B. Projects under construction:	5	2,699	\$642,804,976	\$508,523,128	79.1	
Florida: Palm Beach County.....		400	\$114,314,624	\$90,694,544	79.3	January 1991 (A)
Michigan: Detroit.....		503	\$244,807,666	\$151,163,983	61.7	December 1991 (A)
Pennsylvania: Philadelphia.....		776	\$108,062,000	\$105,965,898	98.1	November 1985 (A)
Tennessee: Mountain Home.....		530	\$57,834,000	\$43,260,086	74.8	March 1985 (A)
Washington: Seattle.....		490	\$117,786,686	\$117,438,617	99.7	May 1980 (A)
C. Projects authorized-- not under construction:	2	348	\$353,521,000			
California: Northern California.....		243	\$200,421,000			
Hawaii: Honolulu		105	\$153,100,000			

(1) Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.

**Table 33 -- Modernization Construction Projects (1)--Fiscal Year 1994  
Completions and Year-End Status**

<i>Location</i>	<i>Number of Projects</i>	<i>Project Description</i>	<i>Estimated Construction Costs (2)</i>	<i>Value of Work in Place</i>	<i>Percent Com- plete (3)</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	9		\$889,865,000	\$304,695,545	34.2	
A. Projects completed:	0		\$0	\$0		
B. Projects under construction:	8		\$816,865,000	\$304,695,545	37.3	
California: Palo Alto PAD.		Clinical Addition/Bed Towers	\$155,578,000	\$22,142,430	14.2	March 1993 (A)
Connecticut: Newington.....		Medical Center Modernization	\$47,266,000	\$2,824,845	6.0	September 1990 (A)
Georgia: Atlanta.....		Clinical Addition	\$55,350,000	\$43,478,607	78.6	December 1991 (A)
Illinois: North Chicago		Environmental Improvements	\$150,541,000	\$65,183,707	43.3	September 1988 (A)
Indiana: Indianapolis....		Clinical Improvements	\$81,269,000	\$55,920,648	68.8	May 1991 (A)
Michigan: Ann Arbor.....		Clinical Addition	\$129,400,000	\$9,581,212	7.4	December 1992 (A)
New York: New York.....		OP/Clinic Addition & Alterations	\$105,634,000	\$98,004,543	92.8	September 1985 (A)
Texas: Dallas.....		Clinical Addition	\$91,827,000	\$7,559,553	8.2	September 1993 (A)
C. Projects authorized-- not under construction:	1		\$73,000,000			
Tennessee: Memphis.....		Seismic Corrections	\$73,000,000			

**Table 34 -- Staff Office Construction Projects (1)--Fiscal Year 1994  
Completions and Year-End Status**

<i>Location</i>	<i>Number of 0</i>	<i>Project Description</i>	<i>Estimated Construction Costs (2)</i>	<i>Value of Work in Place</i>	<i>Percent Com- plete (3)</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	26		\$40,851,008	\$23,693,890	58.0	
A. Projects completed:	0		\$0	\$0		
B. Projects under construction:	23		\$35,987,635	\$23,693,890	65.8	
Major Projects:	1		\$25,364,469	\$19,148,480	75.5	
Dist. of Col.: Washington.....		Repairs and Alterations to VACO	\$25,364,469	\$19,148,480	75.5	September 1991 (A)
Minor Projects:	22		\$10,623,166	\$4,545,410	42.8	
C. Projects authorized-- not under construction:	3		\$4,863,373			
Major Projects:	1		\$1,899,000			
Arkansas: Little Rock.....		Expand Security Training Center	\$1,899,000			
Minor Projects:	2		\$2,964,373			

(1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.

**Table 35 -- Nursing Home Care Units Construction Projects (1)--Fiscal Year 1994  
Completions and Year-End Status**

<i>Location</i>	<i>Number of Projects</i>	<i>Number of Nursing Home Care Beds</i>	<i>Estimated Construction Costs (2)</i>	<i>Value of Work in Place</i>	<i>Percent Com- plete (3)</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	62	2,343	\$169,193,485	\$73,165,769	43.2	
A. Projects completed:	5	110	\$9,369,033	\$9,369,033	100.0	
Illinois: Marion.....		0	\$149,392	\$149,392	100.0	November 1993 (C)
Maine: Togus.....		0	\$2,005,617	\$2,005,617	100.0	June 1994 (C)
Minnesota: St. Cloud.....		0	\$2,654,360	\$2,654,360	100.0	August 1994 (C)
Pennsylvania: Pittsbrgh (HD).....		60	\$1,827,012	\$1,827,012	100.0	September 1994 (C)
Wyoming: Sheridan.....		50	\$2,732,652	\$2,732,652	100.0	June 1994 (C)
B. Projects under construction:	30	1,523	\$108,992,429	\$63,796,736	58.5	
Major Projects:	7	840	\$65,067,291	\$39,618,214	60.9	
Florida: Lake City.....		120	\$5,892,392	\$5,322,159	90.3	March 1993 (A)
Palm Beach.....		120	\$8,720,809	\$6,753,414	77.4	December 1992 (A)
Louisiana: New Orleans.....		120	\$13,262,663	\$13,249,560	99.9	July 1990 (A)
Maryland: Baltimore.....		120	\$12,173,000	\$0	0.0	September 1994 (A)
North Carolina: Asheville.....		120	\$7,072,695	\$1,354,559	19.2	September 1993 (A)
Salisbury.....		120	\$8,705,317	\$8,215,590	94.4	July 1993 (A)
Texas: Bonham.....		120	\$9,240,415	\$4,722,932	51.1	June 1993 (A)
Minor Projects:	23	683	\$43,925,138	\$24,178,522	55.0	
C. Projects under design:	27	710	\$50,832,023			
Major Projects:	3	300	\$29,349,000			
Alabama: Tuskegee.....		120	\$9,149,000			
Arizona: Prescott.....		60	\$8,700,000			
California: Martinez.....		120	\$11,500,000			
Minor Projects:	24	410	\$21,483,023			

(1) Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.



TABLE 36

## CONSTRUCTION PROJECTS

Table 36 -- Research and Education Construction Projects (1) -- Fiscal Year 1994  
Completions and Year-End Status

<i>Location</i>	<i>Number of Projects</i>	<i>Project Description</i>	<i>Estimated Construction Costs (2)</i>	<i>Value of Work in Place</i>	<i>Percent Complete (3)</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	23		\$37,984,272	\$10,867,487	28.6	
A. Projects completed:	4		\$6,402,616	\$6,402,616	100.0	
California: San Diego.....		AIDS Research Center	\$864,400	\$864,400	100.0	December 1993 (C)
Illinois: Hines.....		New Animal Research Bldg	\$2,125,938	\$2,125,938	100.0	February 1994 (C)
Hines.....		Renovate Research Labs	\$1,823,278	\$1,823,278	100.0	December 1993 (C)
New York: New York.....		RCAHI Laboratories	\$1,589,000	\$1,589,000	100.0	May 1994 (C)
B. Projects under construction:	7		\$13,468,206	\$4,464,871	33.2	
Major Projects:	1		\$6,178,108	\$1,436,528		
New Jersey: East Orange.....		Reloc./Consol. Res, Exp. Clin. Lb.	\$6,178,108	\$1,436,528	23.3	November 1993 (A)
Minor Projects:	6		\$7,290,098	\$3,028,343	41.5	
C. Projects authorized-- not under construction:	12		\$18,113,450			
Major Projects:	0		\$0			
Minor Projects:	12		\$18,113,450			

(1) Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.

## CONSTRUCTION PROJECTS

## TABLES 37 AND 38

**Table 37 -- Domiciliary Construction Projects (1)--Fiscal Year 1994  
Completions and Year-End Status**

<i>Location</i>	<i>Number of Projects</i>	<i>Number of Beds</i>	<i>Estimated Construction Cost (2)</i>	<i>Value of Work in Place</i>	<i>Percent Complete (3)</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total .....	2	625	\$29,172,393	\$15,669,677	53.7	
A. Projects completed:	0	0	\$0	\$0		
B. Projects under construction:	2	625	\$29,172,393	\$15,669,677	53.7	
Kansas: Leavenworth.....		401	\$18,584,622	\$5,170,877	27.8	July 1993 (A)
Texas: Bonham.....		224	\$10,587,771	\$10,498,800	99.2	September 1992 (A)
C. Projects authorized-- not under construction:	0	0	\$0			

**Table 38 -- Parking Revolving Fund Construction Projects (1)--Fiscal Year 1994  
Completions and Year-End Status**

<i>Location</i>	<i>Number of Projects</i>	<i>Description</i>	<i>Estimated Construction Cost (2)</i>	<i>Value of Work in Place</i>	<i>Percent Complete (3)</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	7		\$72,115,000	\$40,620,598	56.3	
A. Projects completed:	0		\$0	\$0		
B. Projects under construction:	5		\$60,115,000	\$40,620,598	67.6	
Florida: Palm Beach.....		Parking for new MC	\$6,879,000	\$6,102,547	88.7	January 1991 (A)
Louisiana: New Orleans.....		Parking Structure	\$17,000,000	\$16,456,036	96.8	July 1990 (A)
Michigan: Ann Arbor.....		Parking Garage	\$13,356,000	\$471,210	3.5	May 1994 (A)
Michigan: Detroit.....		Parking Garage	\$14,490,000	\$10,106,994	69.8	December 1991 (A)
Tennessee: Nashville.....		Parking Garage	\$8,390,000	\$7,483,811	89.2	January 1993 (A)
C. Projects authorized-- not under construction:	2		\$12,000,000			
Florida: Miami.....		Parking Garage	\$5,000,000			
Puerto Rico: San Juan.....		Parking Garage	\$7,000,000			

(1) Projects included when approved for development by the Secretary or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.

TABLE 39

## CONSTRUCTION PROJECTS

Table 39 -- National Cemetery Construction Projects--Fiscal Year 1994  
Completions and Year-End Status

Location	Number of Projects (1)	Description	Estimated Construction Costs (2)	Value of Work in Place	Percent Complete (3)	Completed (C) or Contract Awarded (A)
Total.....	82		\$73,980,611	\$21,228,343	28.7	
A. Projects completed:	28		\$13,708,460	\$13,708,460	100.0	
Arizona: National Memorial.		Develop Burial Area	\$922,951	\$922,951	100.0	June 1994 (C)
California: Riverside NC.....		Expand Admin. Building	\$101,675	\$101,675	100.0	September 1994 (C)
San Francisco NC.		Remodel Lodge and Offices	\$233,211	\$233,211	100.0	April 1994 (C)
Illinois: Camp Butler.....		Periphery Water Line	\$87,700	\$87,700	100.0	May 1994 (C)
Mound City.....		Remove Fuel Tank - Maint. Yard	\$3,500	\$3,500	100.0	August 1994 (C)
Rock Island.....		Cemetery Expansion	\$946,015	\$946,015	100.0	June 1994 (C)
Indiana: Marion NC.....		Survey 6.5 Acre Plot	\$3,000	\$3,000	100.0	January 1994 (C)
Kentucky: Lebanon NC.....		Replace Fuel Tanks - Maint Yard	\$11,490	\$11,490	100.0	December 1993 (C)
Zachary Taylor NC		Replace Fuel Tank - Maint Yard	\$15,996	\$15,996	100.0	December 1993 (C)
Maryland: Loudon Park NC...		Install Section Drainage	\$22,450	\$22,450	100.0	May 1994 (C)
Massachusetts: Mass. NC.....		Develop Gravesites	\$163,474	\$163,474	100.0	October 1993 (C)
Mass. NC.....		Remove and Replace Fuel Tanks	\$24,378	\$24,378	100.0	July 1994 (C)
Michigan: Ft. Custer NC.....		Install Irrigation	\$50,410	\$50,410	100.0	November 1993 (C)
Missouri: Jefferson Brks. ....		Renovations	\$94,558	\$94,558	100.0	May 1994 (C)
Mississippi: Biloxi NC.....		New Fuel Tanks	\$34,976	\$34,976	100.0	August 1994 (C)
Natchez NC.....		Replace Fuel Tanks - Maint. Yard	\$30,200	\$30,200	100.0	February 1994 (C)
Nebraska: Ft. McPherson.....		Install Irrigation System	\$148,462	\$148,462	100.0	June 1994 (C)
New York: Calverton NC.....		Develop 90,000 Gravesites	\$5,815,509	\$5,815,509	100.0	February 1994 (C)
North Carolina: New Bern NC.....		Replace Fuel Tanks - Maint. Yard	\$23,497	\$23,497	100.0	February 1994 (C)
Oklahoma: Ft. Gibson NC.....		Addition to Maint. Building	\$220,604	\$220,604	100.0	September 1994 (C)
Oregon: Eagle Point NC.....		Develop Gravesites	\$392,266	\$392,266	100.0	May 1994 (C)
Eagle Point NC.....		Install Irrigation	\$143,809	\$143,809	100.0	November 1993 (C)
Tennessee: Memphis NC.....		Replace Fuel Tanks	\$12,327	\$12,327	100.0	May 1994 (C)
Nashville NC.....		Replace Fuel Tanks	\$28,475	\$28,475	100.0	March 1994 (C)
Texas: Ft. Sam Houston...		Gravesite Development	\$2,478,151	\$2,478,151	100.0	August 1994 (C)
Houston NC.....		Remove Fuel Tanks - Maint. Yard	\$30,000	\$30,000	100.0	March 1994 (C)
Virginia: Hampton NC.....		Renovate Lodge & Maint. Bldg.	\$444,515	\$444,515	100.0	July 1994 (C)
Wisconsin: Wood NC.....		Improvements to Admin./Maint Bldg	\$1,224,861	\$1,224,861	100.0	April 1993 (C)
B. Projects under construction:	31		\$13,985,994	\$7,519,883	53.8	
Major Projects:	1		\$5,385,580	\$4,007,230	74.4	
California: Riverside NC.....		Phase 4 Development	\$5,385,580	\$4,007,230	74.4	April 1993 (A)
Minor Projects:	30		\$8,600,414	\$3,512,653	40.8	
C. Projects authorized--not under construction:	23		\$46,286,157			
Major Projects:	4		\$31,929,000			
Massachusetts: Mass. NC.....		Gravesite Development	\$3,945,000			
Oregon: Willamette.....		Gravesite Development	\$8,860,000			
Texas: Houston NC.....		Gravesite Development	\$9,817,000			
Washington: Seattle NC.....		New Cemetery	\$9,307,000			
Minor Projects:	19		\$14,357,157			

NOTE: All footnotes are the same as for table 38.

## CONSTRUCTION PROJECTS

TABLE 40

Table 40 -- Other Improvements Construction Projects (1)--Fiscal Year 1994  
Completions and Year-End Status

Location	Project Description	Estimated Construction Costs (2)	Value of Work in Place	Percent Complete(3)	Date Construction Completed (C) or Contract Awarded (A)
Total.....	428	\$1,216,401,834	\$432,586,551	35.6	
A. Projects completed:	109	\$199,320,977	\$199,320,977	100.0	
Alabama: Tuskegee.....	Correct Handicapped Barriers	\$508,612	(4)	100.0	December 1993 (C)
Alaska: Anchorage.....	Elmendorf AFB Joint Venture	\$9,425,000	(4)	100.0	April 1994 (C)
Arizona: Phoenix.....	Remodel Building 21	\$1,502,306	(4)	100.0	January 1994 (C)
Phoenix.....	Dietetics Freezer	\$337,792	(4)	100.0	October 1993 (C)
Prescott.....	Correct Critical Life Safety Defic.	\$541,731	(4)	100.0	January 1994 (C)
Prescott.....	Install Medical Gases in Critical Areas	\$330,045	(4)	100.0	December 1993 (C)
Prescott.....	Relocate Admin. Service to B-14	\$558,653	(4)	100.0	December 1993 (C)
Arkansas: Fayetteville.....	Construct Shops Building	\$460,442	(4)	100.0	August 1994 (C)
California: Fresno.....	Upgrade Fire Alarm System	\$387,000	(4)	100.0	September 1994 (C)
Long Beach.....	Expand/Renovate Radiation Therapy	\$2,631,347	(4)	100.0	June 1994 (C)
Long Beach.....	Fire Sprinklers - Bldg. 138	\$315,730	(4)	100.0	June 1994 (C)
Long Beach.....	Energy Plant Building 5	\$7,043,741	(4)	100.0	May 1994 (C)
Palo Alto (MPD).....	Seismic Corrections - DOM/DARU	\$3,612,701	(4)	100.0	December 1993 (C)
San Francisco.....	Post Earthquake Utility Service	\$555,000	(4)	100.0	September 1994 (C)
Sepulveda.....	Spinal Cord Unit Relocation	\$748,000	(4)	100.0	August 1994 (C)
West Los Angeles.....	Relocate Serology Lab from B-304	\$241,358	(4)	100.0	November 1993 (C)
West Los Angeles.....	Remodel 8 restrooms	\$233,156	(4)	100.0	May 1994 (C)
Connecticut: West Haven.....	Ward Renovation Phase 1	\$763,679	(4)	100.0	May 1994 (C)
West Haven.....	CCU Telemetry Renovation	\$652,448	(4)	100.0	May 1994 (C)
Delaware: Wilmington.....	Patient Privacy	\$1,099,501	(4)	100.0	March 1994 (C)
Wilmington.....	Renovate Dietetics	\$2,201,410	(4)	100.0	June 1994 (C)
Wilmington.....	Renovate Nurses Station 3W,6E,6W	\$337,731	(4)	100.0	March 1994 (C)
Wilmington.....	Replace Nurse Call System	\$855,310	(4)	100.0	April 1994 (C)
Wilmington.....	Outpatient Clinic Addition Phase 1	\$1,363,032	(4)	100.0	August 1994 (C)
District of Columbia: Washington.....	Renov./Exp. Mental Hygiene Clinic	\$351,530	(4)	100.0	July 1994 (C)
Florida: Bay Pines.....	Renovate Various Clinical Spaces	\$134,000	(4)	100.0	May 1994 (C)
Georgia: Atlanta.....	Renovate Ward Nurses Station	\$636,961	(4)	100.0	October 1993 (C)
Atlanta.....	Renovate Space for Research	\$323,253	(4)	100.0	October 1993 (C)
Augusta.....	Hand Rails and Bumper Guards	\$290,475	(4)	100.0	February 1994 (C)
Augusta.....	M R I Clinic	\$747,869	(4)	100.0	August 1994 (C)
Dublin.....	Addition to Linen Service	\$250,592	(4)	100.0	March 1994 (C)
Idaho: Boise.....	Handicap Access B - 23	\$257,303	(4)	100.0	July 1994 (C)
Illinois: Chicago - Lakeside..	Modernize Patient Wards 12th Floor	\$1,191,530	(4)	100.0	March 1994 (C)
Chicago - Lakeside..	Renovate Outpatient Pharmacy	\$766,046	(4)	100.0	June 1994 (C)
Chicago - Westside.....	Fire & Safety Imp./Pat. Priv. Improv.	\$5,189,207	(4)	100.0	August 1994 (C)
Chicago - Westside.....	Renovate SICU	\$619,180	(4)	100.0	March 1994 (C)
Indiana: Ft. Wayne.....	Remodel Pharmacy	\$128,640	(4)	100.0	April 1994 (C)
Indianapolis.....	Fire & Safety Improvements (WT/CS)	\$6,639,025	(4)	100.0	November 1993 (C)
Iowa: Iowa City.....	Upgrade Surgical Suite	\$438,388	(4)	100.0	December 1993 (C)
Kentucky: Lexington.....	Remodel Medical Service	\$533,174	(4)	100.0	February 1994 (C)
Louisville.....	Correct O. R. Deficiencies	\$389,772	(4)	100.0	December 1993 (C)
Louisiana: Alexandria.....	Renovate MICU B-7	\$579,996	(4)	100.0	July 1994 (C)
Maryland: Baltimore.....	Demolish Loch Raven Facility	\$2,018,712	(4)	100.0	August 1994 (C)
Ft. Howard.....	Renovate Orthotics	\$215,409	(4)	100.0	March 1994 (C)
Perry Point.....	Replace Sewage Pumping Station	\$1,164,384	(4)	100.0	August 1994 (C)
Perry Point.....	Establish GEU	\$877,810	(4)	100.0	March 1994 (C)
Massachusetts: Bedford.....	Sprinkler, Buildings 4,5,6,7,61,62	\$1,500,824	(4)	100.0	June 1994 (C)
Bedford.....	Correct Egress Deficiencies Phase 2	\$1,337,981	(4)	100.0	July 1994 (C)
Boston.....	Renovate Microbiology Lab	\$322,900	(4)	100.0	March 1994 (C)
Boston.....	Radiotherapy EPO	\$1,870,382	(4)	100.0	October 1993 (C)
Brockton.....	Renovate OR # 5	\$249,984	(4)	100.0	May 1994 (C)
Northampton.....	Fire & Safety Corrections Phase 2	\$367,808	(4)	100.0	December 1993 (C)

See footnotes at end of table.

TABLE 40

## CONSTRUCTION PROJECTS

Table 40 (continued) -- Other Improvements Construction Projects (1)--Fiscal Year 1994  
Completions and Year-End Status

Location	Project Description	Estimated Construction Costs (2)	Value of Work in Place	Percent Complete(3)	Date Construction Completed (C) or Contract Awarded (A)
A. Projects completed (continued):					
Michigan: Ann Arbor.....	Outpatient Expansion	\$797,775	(4)	100.0	September 1994 (C)
Ann Arbor.....	Renovate Patient Wards	\$439,272	(4)	100.0	July 1994 (C)
Battle Creek.....	Lab Renovations Bldg. 2	\$505,319	(4)	100.0	March 1994 (C)
Battle Creek.....	Replace Energy Control System	\$1,150,000	(4)	100.0	June 1994 (C)
Minnesota: St. Cloud.....	Air Condition Patient Wards B-9,28,29	\$2,267,816	(4)	100.0	July 1994 (C)
Mississippi: Jackson.....	Linear Accelerator Facility	\$2,748,466	(4)	100.0	August 1994 (C)
Missouri: Kansas City.....	Install CT Scanner	\$253,487	(4)	100.0	January 1994 (C)
Nevada: Las Vegas.....	Joint Venture with Nellis AFB	\$8,448,000	(4)	100.0	March 1994 (C)
New Hampshire: Manchester.....	Replace A/C & Renov. Dental Area	\$235,296	(4)	100.0	October 1993 (C)
New Mexico: Albuquerque.....	Clinical Modifications B-41	\$317,010	(4)	100.0	December 1993 (C)
New York: Bath.....	Demolish Bldg 29	\$78,197	(4)	100.0	May 1994 (C)
Brooklyn.....	Renovate Wards 8W and 13W	\$1,500,194	(4)	100.0	December 1993 (C)
Brooklyn.....	HVAC Repairs	\$493,000	(4)	100.0	November 1993 (C)
Buffalo.....	Renovate Ward Bathrooms	\$336,009	(4)	100.0	April 1994 (C)
Buffalo.....	Pet Transport	\$260,555	(4)	100.0	November 1993 (C)
Castle Point.....	Expand Fire Alarm System	\$543,534	(4)	100.0	March 1994 (C)
Ohio: Cleveland.....	Fire & Safety Improvements	\$5,543,381	(4)	100.0	December 1993 (C)
Dayton.....	Install Cook/Chill - Dietetic	\$1,645,665	(4)	100.0	October 1993 (C)
Oklahoma: Muskogee.....	Install A/C Controls B-1	\$448,511	(4)	100.0	September 1994 (C)
Muskogee.....	Install Central Plant	\$2,178,675	(4)	100.0	January 1994 (C)
Muskogee.....	Telephone System Site Prep	\$487,776	(4)	100.0	August 1994 (C)
Muskogee.....	Replace A/C Bldgs 22 & 24	\$628,932	(4)	100.0	May 1994 (C)
Muskogee.....	Upgrade B-1 Utilities	\$488,678	(4)	100.0	September 1994 (C)
Oklahoma City.....	Replace Operating Suite	\$14,213,133	(4)	100.0	April 1994 (C)
Oregon: Portland.....	Clinical Support Functions	\$637,057	(4)	100.0	September 1994 (C)
Roseburg.....	Relocate Prog Care RCU	\$572,981	(4)	100.0	October 1993 (C)
Roseburg.....	Upgrade Utility Lines B-1	\$701,847	(4)	100.0	March 1994 (C)
Roseburg.....	CNVR Handicapped Bar	\$347,644	(4)	100.0	January 1994 (C)
White City.....	Renovate DOM Beds B-208N	\$578,076	(4)	100.0	August 1994 (C)
White City.....	Renovate B-203 (P/M Qtrs)	\$616,159	(4)	100.0	August 1994 (C)
Pennsylvania: Altoona.....	Fire & Safety Sprinklers	\$467,109	(4)	100.0	December 1993 (C)
Butler.....	Replace Steam Lines and Valves	\$2,536,454	(4)	100.0	January 1994 (C)
Rhode Island: Providence.....	Renovate Ward 6B	\$1,566,102	(4)	100.0	October 1993 (C)
Providence.....	Renovate Research Building	\$534,576	(4)	100.0	June 1994 (C)
South Carolina: Columbia.....	Convert 3E to NHCU	\$217,922	(4)	100.0	August 1994 (C)
South Dakota: Sioux Falls.....	Install Compactor/Sterilizer	\$226,367	(4)	100.0	June 1994 (C)
Tennessee: Memphis.....	Lab Expansion & Renovation	\$2,586,240	(4)	100.0	February 1994 (C)
Nashville.....	Clinical Improvements & Patient Priv.	\$35,869,035	(4)	100.0	December 1993 (C)
Nashville.....	Nuclear Magnetic Resonance	\$356,487	(4)	100.0	August 1994 (C)
Nashville.....	Renovate Research Space	\$289,393	(4)	100.0	August 1994 (C)
Texas: Dallas.....	Renovate Building 8	\$417,223	(4)	100.0	February 1994 (C)
Marlin.....	Handicap Access/Recreation	\$806,253	(4)	100.0	July 1994 (C)
Utah: Salt Lake City.....	Egress Improvements	\$1,454,125	(4)	100.0	August 1994 (C)
Salt Lake City.....	Fire & Safety Improvements	\$1,074,739	(4)	100.0	August 1994 (C)
Salt Lake City.....	Renovate Building 1	\$8,500,844	(4)	100.0	February 1994 (C)
Salt Lake City.....	A/C for Kitchen B-5	\$943,140	(4)	100.0	January 1994 (C)
Washington: American Lake.....	Renovate Procedures Room B-81	\$703,161	(4)	100.0	March 1994 (C)
Seattle.....	Remove Hazaedous Waste	\$44,100	(4)	100.0	January 1994 (C)
Spokane.....	Fire & Safety Improvements	\$1,186,317	(4)	100.0	April 1994 (C)

See footnotes at end of table.



## CONSTRUCTION PROJECTS

TABLE 40

Table 40 (continued) -- Other Improvements Construction Projects (1)--Fiscal Year 1994  
Completions and Year-End Status

<i>Location</i>	<i>Project Description</i>	<i>Estimated Construction Costs (2)</i>	<i>Value of Work in Place</i>	<i>Percent Complete(3)</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
A. Projects completed (continued):					
Wisconsin: Milwaukee.....	Modernize Wards 9AN & 9AS B-111	\$311,163	(4)	100.0	September 1994 (C)
West Virginia: Beckley.....	Clinical Addition & Alterations	\$17,510,151	(4)	100.0	August 1994 (C)
Huntington.....	Upgrade Isolation Rooms	\$174,900	(4)	100.0	January 1994 (C)
Martinsburg.....	Water Treatment Plant	\$1,796,452	(4)	100.0	September 1994 (C)
Wyoming: Sheridan.....	Handicapped Access to B-1	\$289,024	(4)	100.0	July 1994 (C)
Sheridan.....	Correct Stairwell Deficiency	\$1,272,256	(4)	100.0	May 1994 (C)
Sheridan.....	Upgrade RMS	\$301,183	(4)	100.0	June 1994 (C)
Sheridan.....	Outpatient Addition Phase 3	\$2,324,956	(4)	100.0	October 1993 (C)
B. Projects under construction:					
	176	\$575,287,856	\$233,265,574	40.5	
Major projects:	28	\$447,687,058	\$152,859,569	34.1	
Alabama: Tuscaloosa.....	New 270-Bed Psych Bldg.	\$26,245,467	\$21,993,975	83.8	December 1992 (A)
California: Livermore.....	Fire & Safety Improvements - OP	\$3,133,000	\$184,809	5.9	April 1994 (A)
Long Beach.....	Seismic Base Isolation B - 126 Ph 1	\$19,096,898	\$2,988,471	15.6	August 1993 (A)
Long Beach.....	Seismic Base Isolation B - 126 Ph 2	\$17,789,000	\$0	0.0	September 1994 (A)
Palo Alto.....	100-Bed DOM/DARU (PH 2)	\$24,979,462	\$10,427,773	41.7	September 1993 (A)
Delaware: Wilmington.....	Outpatient Clinic Addition (PH 2)	\$13,340,775	\$0	0.0	September 1994 (A)
Illinois: Chicago (WS).....	Renovate Buildings 11A & 11B PH II	\$15,329,124	\$10,673,944	69.6	September 1992 (A)
Marion.....	Outpatient/Clinical Addition	\$15,586,400	\$0		August 1994 (A)
Indiana: Marion.....	240-Bed Geropsychiatric FAC	\$37,233,439	\$15,321,729	41.2	November 1992 (A)
Iowa: Knoxville.....	Laundry Replacement	\$3,991,988	\$0		September 1994 (A)
Louisiana: New Orleans.....	120-Bed NHUC (HAZ Waste)	\$8,138,931	\$7,492,554	92.1	July 1990 (A)
Maine: Togus.....	Clinical Improvements B-200 (PH 2)	\$7,765,332	\$6,192,305	79.7	December 1992 (A)
New Jersey: Lyons.....	Renovate Building 53	\$5,670,375	\$5,294,057	93.4	May 1991 (A)
Lyons.....	180 Bed Psych. Building	\$28,982,000	\$0		September 1994 (A)
New York: Brooklyn.....	Outpatient Addition	\$37,800,000	\$0	0.0	September 1994 (A)
Brooklyn(St. Albans)	Modernize Kitchen&Satellite Dining	\$6,066,000	\$0		September 1994 (A)
Northport.....	Modernize Psych and OP FAC	\$26,822,240	\$13,933,410	51.9	September 1992 (A)
North Carolina: Durham.....	Clin Addn/F&S Wings A&B Part 2	\$10,534,387	\$9,565,340	90.8	April 1991 (A)
Texas: Dallas.....	Spinal Cord Injury Center (PH1)	\$8,530,000	\$1,839,421	21.6	September 1993 (A)
Dallas.....	Energy Center (PH II)	\$18,516,896	\$15,975,151	86.3	December 1992 (A)
El Paso.....	Replacement Ambulatory Care Fac	\$24,083,413	\$12,588,577	52.3	June 1993 (A)
Temple.....	Bed Replacement Building	\$42,198,000	\$0		August 1994 (A)
Waco.....	Renovate Building # 7	\$9,773,138	\$0	0.0	September 1994 (A)
Waco.....	Renovate Building 92 & 4 (PH II)	\$9,201,032	\$7,034,591	76.5	November 1992 (A)
Utah: Salt Lake.....	Renovate Building 1 (Phase 2)	\$13,485,700	\$2,246,795	16.7	June 1994 (A)
Virginia: Salem.....	Outpatient,Clin,Nursing Unit (PH 1B)	\$9,886,228	\$8,378,510	84.7	September 1992 (A)
West Virginia: Huntington.....	Clinical Improvements Bldg. 1, 2, 12	\$3,507,833	\$728,157	20.8	December 1993 (A)
Minor Projects:	148	\$127,600,798	80,406,005	63.0	

See footnotes at end of table.

**Table 40 (continued) -- Other Improvements Construction Projects (1)--Fiscal Year 1994  
Completions and Year-End Status**

<i>Location</i>	<i>Project Description</i>	<i>Estimated Construction Costs (2)</i>	<i>Value of Work in Place</i>	<i>Percent Com- plete(3)</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
C. Projects authorized--not under construction:	143	\$441,793,001			
Major Projects:	19	\$344,101,956			
Alabama: Tuscaloosa.....	Renovate Bldg. 38	\$6,830,000			
California: Martinez.....	Demolition Main Building	\$4,500,000			
Palo Alto (MPD).....	Demolition of Bldgs. 101, 102 & 103	\$400,000			
Palo Alto (MPD).....	Site Development & Demo Bldg. 105	\$300,000			
San Diego.....	Non-Structural Seismic Corr. - Ph 3	\$5,053,000			
Sepulveda.....	Seismic Corrections/Clin. Services	\$36,000,000			
Sepulveda.....	Seismic Corrections/Boiler Plant	\$3,000,000			
Sepulveda.....	Seismic Corrections/Telephone Bldg	\$2,000,000			
Connecticut: West Haven.....	Ambulatory Care Addition	\$41,634,000			
Florida: Gainesville.....	Ambulatory Care Addition	\$26,600,000			
Nevada: Reno.....	Replacement Bed Building/Amb Care	\$20,641,000			
Ohio: Cleveland.....	Ambulatory Care Addition	\$73,373,000			
Oklahoma: Muskogee.....	Replace Bed Building	\$28,323,000			
Puerto Rico: San Juan.....	Ambulatory Care Addition	\$33,056,000			
Rhode Island: Providence.....	Renovate Building 31	\$13,992,000			
Tennessee: Mountain Home.....	Laundry/Warehouse	\$3,399,956			
Mountain Home.....	Relocate Medical School Functions	\$45,000,000			
Minor projects:	124	\$97,691,045			

- (1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.
- (2) Construction anticipated, issued, or awarded, including contingencies.
- (3) Based on general construction only.
- (4) Same as value of construction issued or awarded when project is physically and/or financially completed.

CONSTRUCTION PROJECTS

TABLE 41

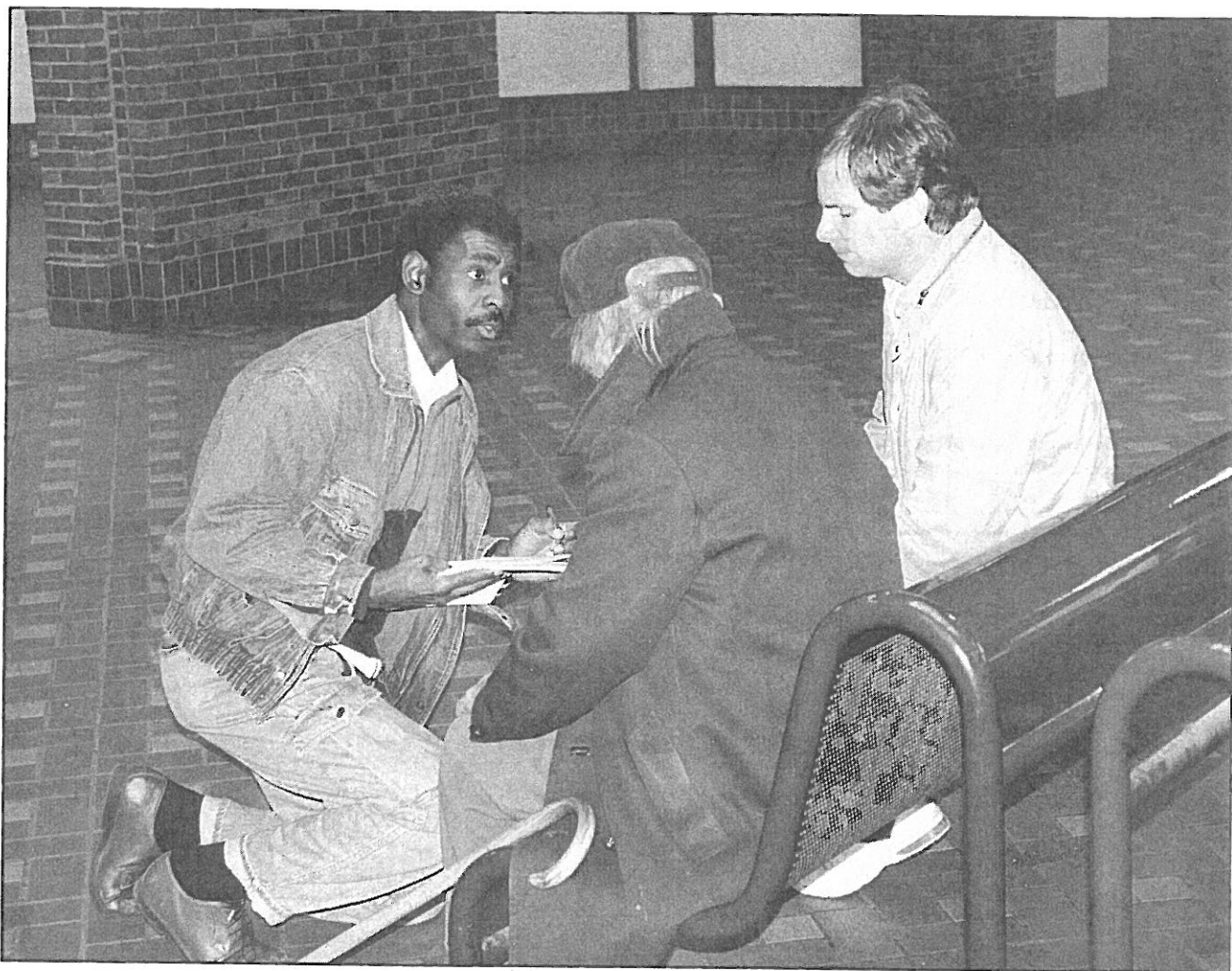
Table 41 -- Veterans Benefits Construction Projects (1) -- Fiscal Year 1994  
Completions and Year-End Status

<i>Location</i>	<i>Number of Projects</i>	<i>Project Description</i>	<i>Estimated Construction Costs (2)</i>	<i>Value of Work in Place</i>	<i>Percent Complete (3)</i>	<i>Date Construction Completed (C) or Contract Awarded (A)</i>
Total.....	50		\$68,041,315	\$17,920,123	26.3	
A. Projects completed:	2		\$9,061,989	\$9,061,989	100.0	
Alabama: Montgomery...		Reloc RO to Dept Owned Grounds	\$6,796,126	\$6,796,126	100.0	May 1994 (C)
North Dakota: Fargo.....		Regional Office Building	\$2,265,863	\$2,265,863	100.0	July 1994 (C)
B. Projects under construction:	46		\$23,789,326	\$8,858,134	37.2	
Major Projects:	2		\$17,570,000	\$7,418,573	42.2	
Pennsylvania: Philadelphia....		VA/GSA Jt. Venture - Replace RO	\$6,000,000	\$516,715	8.6	January 1994 (A)
Texas: Houston.....		Reloc RO to Dept Owned Grounds	\$11,570,000	\$6,901,858	59.7	August 1993 (A)
Minor Projects:	44		\$6,219,326	\$1,439,561	23.1	
C. Projects authorized-- not under construction:	2		\$35,190,000			
Major Projects:	2		\$35,190,000			
Florida: St. Petersburg		Reloc RO to Dept Owned Grounds	\$20,948,000			
Mississippi: Jackson.....		Colocation	\$14,242,000			
Minor Projects:	0		\$0			

(1) Projects included when approved for development by the Secretary, or when there has been an appropriation of funds available for financing all or part of the project.

(2) Construction anticipated, issued, or awarded, including contingencies.

(3) Based on general construction only.



Outreach Benefits Counseling. Veterans Benefits Counselors Leroy Saunders (left) and Sherman Barton (right) assist homeless veteran to complete benefit application at Philadelphia's 69th Street Terminal.

# Veterans Benefits

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## Veterans Benefits Administration

The Veterans Benefits Administration (VBA) provides an integrated and comprehensive program of veterans benefits. The major benefit categories include compensation, pension, burial benefits, rehabilitation assistance, education and training assistance, home loan guarantees, and insurance coverage. The FY 1994 entitlement appropriations totaled \$19,380,227,000.

## Manufactured Home Loans<sup>1</sup>

Since the inception of the manufactured home loan program in February 1971, VA has guaranteed 113,474 manufactured home loans in the amount of \$2 billion in loans to veterans. In recent years this program has declined in popularity.

During FY 1994, only 24 manufactured home loans totaling \$806,000 were guaranteed. Of these loans, 11 were for the purchase of new manufactured homes while 13 were for used units. Loans for the purchase of single-wide manufactured homes accounted for 79 percent of the FY 1994 total. The average loan amount for single-wide units was \$26,269 and \$61,493 for double-wide units.

## Compliance with Warranty and Manufactured Home Onsite Inspections<sup>1</sup>

Every new manufactured home financed by a VA guaranteed loan must include, in a written warranty from the manufacturer to the purchaser, a specific statement stipulating that the unit meets the standards prescribed by VA. During FY 1994, VA field stations received no complaints from veterans expressing any dissatisfaction with their manufactured home units. During FY 1994, there were no mobile home onsite inspections performed by field station personnel. In accordance with the Veteran's Benefits Improvements Act of 1994, onsite inspections of manufactured homes sold to veterans will no longer be performed.

<sup>1</sup> Included in compliance with 38 U.S.C. § 3712(1).

## Manufactured Home Loan Foreclosures<sup>1</sup>

During FY 1994, there were 845 foreclosures, 75 percent involving original veteran-borrowers and 25 percent involving transferee-owners. Overall reasons for foreclosure are categorized as follows: (1) extensive obligations (71.0 percent); (2) curtailment of income (21.4 percent); (3) dissatisfaction with the property (3.2 percent); (4) marital difficulties (2.0 percent); (5) illness or death of borrower (1.3 percent); and (6) difficulties in selling after a job transfer (1.1 percent).

## Veterans Outreach Services Program<sup>2</sup>

The Veterans Outreach Services Program seeks to ensure that timely and appropriate assistance is provided to aid and encourage all eligible veterans to apply for and obtain the benefits and services that permit achievement of a rapid social and economic readjustment to civilian life and obtain a higher standard of living for themselves and their dependents. In addition, this program has a long-standing commitment to reach other groups of veterans that need special assistance such as military personnel nearing separation from active service, homeless veterans, and the elderly.

VA representatives conducted over 7,400 briefings in which VA benefits and services were discussed with military personnel, reservists, and National Guard members. VA personnel briefed more than 307,000 military personnel during FY 1994 and provided additional assistance, including preparation of claims to nearly 115,000 service members.

VA field facilities also assisted more than 24,000 homeless veterans during FY 1994. Nearly 14,000 contacts were made with shelters or other agencies, which provide services to the homeless. Further help was offered through referrals to special programs that target homeless veterans. More than 5,700 veterans were referred to and from VA's Homeless Chronically Mentally Ill Program or the Jobs for Homeless Program administered by the Department of Labor.

<sup>2</sup> Included in compliance with 38 U.S.C. § 7726.



## Advisory Committee on Former Prisoners of War<sup>3</sup>

The POW Advisory Committee held two meetings in FY 1994. The November meeting was held at VAMC Seattle, WA, and the May meeting in Washington, DC. The Committee continued lobbying for more and better benefits for its constituency.

The medical members of the Committee have long maintained that there is a relationship between the malnutrition suffered by former POWs during captivity and the heart problems they suffer in later life. Recent findings by the National Academy of Sciences' Institute of Medicine include what is termed a "noteworthy association" between ischemic heart disease and earlier reporting of localized edema from wet beriberi contracted while in captivity. VA amended 38 CFR § 3.309(c) to specify that the term beriberi heart disease includes ischemic heart disease. The regulation became final in July 1994 with an effective date of August 24, 1993.

## Home Loan Foreclosures<sup>4</sup>

During FY 1994, there were 25,966 foreclosures, 82 percent involving the original veteran-borrowers and 18 percent involving transferee-owners. Overall reasons for foreclosure are categorized as follows: (1) extensive obligations (72.4 percent), (2) curtailment of income (16.0 percent), (3) marital difficulties (6.0 percent), (4) dissatisfaction with the property (2.6 percent), (5) illness or death of borrower (2.0 percent), and (6) difficulties in selling after a job transfer (1.0 percent).

### **Performance Agreement 1-- SATISFY OUR CUSTOMERS: OUR NATION'S VETERANS**

## Customer Satisfaction Surveys

In FY 1994, VBA completed the customer-based measures survey project to add the customer's voice to VBA's strategic direction, provide a blueprint for use in defining customer-based measures of quality service, and assist in the establishment of resource allocation priorities. The survey was designed to collect valid, reliable data from VBA's most important external customers, the veterans and their families. The final survey instrument, which was developed through veteran focus groups, broke apart the service delivery process into several dimensions such as reliability, responsiveness, competence, courtesy, and understanding. The questionnaire was designed to yield customers' perceptions of service quality, the importance of individual aspects of service delivery, and

expectations of timeliness for specific program processes. Program-specific questions were also included such as the status of the claim for compensation respondents.

Approximately 2,800 telephone interviews were completed with customers having recent contact with one of VBA's major program areas: compensation, pension, vocational rehabilitation and counseling, education (chapters 30 and 106), insurance claims, insurance policy, veterans assistance, and loan guaranty (servicing).

Final survey results were received in FY 1994 and showed that programs having employees who treated the customers with courtesy and respect received the highest ratings. For veterans assistance and compensation programs, the lowest ratings were related to issues of communication such as explaining the full range of benefits and services, providing reasons for decisions, and keeping the customer informed on the status of requests.

In FY 1994, Loan Guaranty Service continued conducting surveys of veterans who recently obtained VA loans, lenders who are active program participants, and veterans who recently obtained Interest Rate Reduction Refinancing Loans (IRRRL). Of 413 responses received from veterans who obtained VA loans, more than 90 percent indicated they were satisfied or highly satisfied with the treatment they received from VA and from their lender. Early responses from lenders were generally positive, but too few were received to calculate any specific results.

## Customer Service Standards

The most important use of the results of the customer-based measures survey was in the development of VBA's customer service standards. These standards were developed in response to Executive Order 12862, which required all Federal departments to publish a customer service plan by September 8, 1994. A VBA customer service standards work group was formed in May 1994 with representation from all program staffs and areas to develop the plan and to set customer service standards. These standards were drafted using results of the customer-based measures survey, VBA focus groups, and internal measures of program performance. VBA's customer service plan was formally transmitted to the National Performance Review in August 1994. Customer service standards were released to the public in September 1994. The customer service standards now appear in posters in VBA Regional Offices (RO) around the country and some were published in VA's brochure on "Putting Veterans First." Once released, all standards were effective immediately and all ROs were expected to make every attempt to meet or exceed these standards given available resources. The VBA customer service

<sup>3</sup> Included in compliance with 38 U.S.C. § 541(c).

<sup>4</sup> Included in compliance with 38 U.S.C. § 3733(c)(2).

standards are courtesy and respect, communication, timeliness, and responsiveness.

## 50th Anniversary of the GI Bill

June 22, 1994, marked the 50th anniversary of the GI Bill, said to be the single most comprehensive piece of legislation ever passed by Congress. Under this legislation and its subsequent forms, VA has trained over 20 million veterans and authorized over \$60 billion in benefits. Over the past five decades, VA has guaranteed more than 14 million loans for veterans under the GI Bill. During FY 1994, 284,108 service members and veterans and 103,061 reservists trained under the Montgomery GI Bill. This program supports our volunteer military force and aids those transitioning from military to civilian life as the services downsize.

## Loan Guaranty Comparative Highlights

In FY 1994, VA assisted 603,900 veterans in home ownership, an all time high. This figure includes 602,244 guaranteed home and manufactured loans totaling \$55.1 billion, 412 grants for specially adapted housing totaling \$13.8 million, and approval of 1,252 substitutions of entitlement. (See Chart 1.)

**Chart 1. Loan Guaranty Comparative Highlights**

Description	FY 1994	FY 1993	Percent Change
Number of Loans Guaranteed <sup>1</sup> .....	602,244	383,303	+57.1
Amount of Loans Guaranteed <sup>1</sup> .....	\$55,141,865,169	\$34,634,878,610	+59.2
Average Home Loan Amount .....	\$91,562	\$90,370	+1.3
Average Interest Rate ..	7.23%	7.80%	-7.3
GI Loans Outstanding <sup>2</sup> ..	3,428,939	3,512,394	-2.4
GI Loans in Default <sup>2</sup> ..	106,717	110,792	-3.7
As a percent of Loans Outstanding ..	3.11	3.15	-1.3
Substitutions of Entitlement .....	1,252	963	30.0
Properties on Hand <sup>2</sup> .....	10,973	11,283	-2.7

<sup>1</sup> Includes both home and manufactured home origination.

<sup>2</sup> End of FY 1994.

## Home Loan Originations

The VA home loan program reached two significant milestones in FY 1994. In January 1994, the 14 millionth loan was guaranteed and on June 22, 1994, the 50th anniversary of the GI Bill was celebrated. The program also set new records for the number of loans guaranteed and the total dollar volume of such loans. During FY 1994, VA guaranteed 602,220 home loans, which surpassed the previous record of 600,507 home loans guaranteed in 1956. In addition, the total dollar volume of \$55.1 billion far exceeded the previous high of \$34.8 billion reached in FY 1987. These record numbers

are attributable to a combination of the lowest interest rates in over 20 years, the first full year since implementation of the most sweeping changes in the history of the VA home loan program, and a massive letter campaign in January and February to inform veterans of the opportunity to refinance their existing VA-guaranteed loans at a lower interest rate.

Over 87 percent of the veterans purchasing a home with VA benefits were able to obtain no-down payment loans. Loans to finance the purchase of previously occupied housing accounted for 83 percent of the total purchases. These loans averaged \$94,007 and financed homes with an average purchase price of \$93,776. On newly constructed homes, the average loan was \$108,962 and the average purchase price was \$108,944.

It is noteworthy that VA guaranteed 311,939 refinancing loans of which 289,756 were IRRRL. Thus, 53 percent of the veterans who obtained VA loans in FY 1994 were able to refinance the loans on the home they already owned, while more than 93 percent of those refinancing were able to reduce the interest rate on the VA loans they had previously obtained.

## Loan Guaranty Mailing

In January and February 1994, VA mailed out approximately 1.6 million personal letters signed by the Secretary to veterans with VA loans bearing interest rates of 8.5 percent or higher. The veterans were advised of the opportunity to refinance their loan at little or no out-of-pocket expense, reducing their monthly mortgage payment on the average of \$123. Of those who obtained an IRRRL after February, approximately 100,000 learned of the IRRRL program as a direct result of the letter. The total savings for the 100,000 veterans who obtained IRRRLs will be nearly \$1.5 billion over the next 10 years. It is expected that approximately \$56 million in savings will result from lower foreclosure expenses on those same 100,000 veterans due to refinancing.

## Direct Loans for Native American Veterans -- Pilot Program

VA has met with a variety of Native American groups including representatives of the National American Indian Housing Council, the Bureau of Indian Affairs, and the Hawaiian Homelands on this pilot program. VA field station staffs have also had discussions and provided information to representatives of many different Native American tribes and groups including the Southern and Mountain Utes, Shoshone, Arapahoe, Lummi, Navajo, Omaha, Sisseton-Wahpeton Sioux, and Seminoles, and the Hawaiians, and Samoans. On the basis of the information exchange between VA and the Native American Veterans, VA has entered into 20 memoranda of understanding (MOU) with Native American groups including the Department of Hawaiian Homelands, the

Commonwealth of the Northern Marianas, the Territory of American Samoa, and 17 Native American tribes. Fourteen more MOUs are currently in the final review process. In addition, VA is currently completing negotiations with the Bureau of Indian Affairs on an interagency MOU that will serve as the umbrella document under which VA will make loans to eligible Native American veterans living on allotted trust lands. Although only three Native American direct loans were made in FY 1994, the progress that was made is expected to lead to more loans in FY 1995.

## Housing Homeless Veterans

Legislation enacted during FY 1993 provided specific authority to lease acquired properties to organizations working on behalf of homeless veterans. VBA subsequently implemented a test program to lease 50 properties to homeless providers for up to 3 years at a rent of \$1 per year. Forty-two of the 50 properties were leased, which included 27 that were leased during FY 1994. An additional 13 properties were sold to homeless providers during FY 1994.

## Outreach to Veterans Affected by Military Downsizing

Loan Guaranty Service has established a program to provide assistance to service members and veterans who, because of imminent or recent release from active duty as a result of base closings and downsizing of military forces, risk encountering financial difficulties and, perhaps, loss of their homes. Letters were sent to over 200,000 recently discharged veterans, active duty service members, DoD civilian employees, and reservists to advise them of VA's programs and provide them with addresses and telephone numbers to receive financial counseling and discuss alternatives to foreclosure of their home loans.

## Loan Guaranty Performance Goals

The Under Secretary for Benefits established goals for ROs to help veterans avoid foreclosure through supplemental servicing. VA loan service representatives actively attempted to contact delinquent veteran borrowers to arrange less costly alternatives to foreclosure. The goal was to arrange for such alternatives in approximately 29 percent of the loans in which the default had been determined to be insoluble. The ROs surpassed this goal by arranging for such alternatives in 33 percent of the loans. In addition, VA's intervention with private loan holders to arrange repayment plans on behalf of delinquent borrowers helped avoid over \$80 million in guaranty claims which might otherwise have been payable.

## Information and Assistance

Veterans services personnel in VA field facilities made 11,513,000 contacts during FY 1994. Of this number, 79 percent were interviews conducted over the telephone. There were 623,725 correspondence actions and 350,000 interviews with patients at VA medical facilities. (See Chart 2.)

**Chart 2. Veterans Assistance Service Comparative Highlights**

Description	FY 1994	FY 1993
Public contacts		
Public telephone calls – answered .....	9,132,461	9,315,402
Interviews away from office .....	161,429	168,804
Interviews at office .....	1,245,466	1,307,175
Patient interviews .....	349,966	379,294
Correspondence .....	623,725	684,331
Equal opportunity		
Compliance reviews .....	94	94
Complaints of discriminations .....	23	13
Fiduciary and Field Examination Programs		
Cases under supervision .....	114,898	118,110
Field examinations (program) .....	71,690	74,843
Field examinations (nonprogram) .....	5,575	7,710
Special investigations .....	1,286	1,056
Fiduciary account audits .....	27,653	28,613
Legal actions prepared .....	4,782	5,367
Court appearances .....	495	503
Miles traveled (in thousands) .....	3,778	4,040
Work-study agreements .....	36,608	33,792
Hours Worked (in thousands) .....	5,741	5,116

## Homeless Veterans

Loan Guaranty Service's acquired properties and lease-pilot programs continued to expand during FY 1994. Stations increased outreach efforts to community non-profit homeless providers and participated in seminars and other group functions to increase public interest in these specialized programs. VA field stations continued to publicize these programs widely through mailed notices and personal contacts with homeless providers.

In FY 1994, VBA continued its outreach efforts. These efforts included ongoing partnerships with Veterans Health Administration (VHA) as a viable component of the Comprehensive Homeless Centers (CHC) concept. During FY 1994, the CHC program initiative was expanded to include VAROs, VAMCs, and vet centers in Dallas, TX, New York, NY, Pittsburgh, PA, Los Angeles and San Francisco, CA. The CHC concept is expected to expand to other sites contingent upon funding.

VBA ROs also participated in over 60 homeless stand-down events during FY 1994. This concept continues to grow and is fast becoming a widely accepted form of outreach that enhances opportunities to reach homeless veterans. With few exceptions, most



ROs are providing financial and in-kind services support to these local events. ROs such as Los Angeles and San Diego, CA, and Cleveland, OH, participated in multiple events that occurred during FY 1994 in several cities located throughout their states.

Although resources continued to decline, VBA ROs recognize the importance of outreach to homeless veterans. VBA ROs and Veterans Services Divisions accomplished over 4,300 shelter visits and 4,600 contacts with community agencies. Additionally, over 20,200 homeless veterans received assistance at ROs, shelter sites, and on the streets.

Public Law 102-590 appropriations of approximately \$460,000 were allocated to 10 ROs during FY 1994. Funding for staff to support collaborative homeless projects with local VAMCs and community resources was directed to selected ROs that elected to participate in VBA and VHA programs. The ten ROs that received the reimbursed funds with no additional personnel were Baltimore, MD, Cleveland, OH, Detroit, MI, Hartford, CT, Milwaukee, WI, New York, NY, Pittsburgh, PA, St. Paul, MN, San Francisco, CA, and Waco, TX.

During FY 1994, VBA and VHA established guidelines, prepared regulations, and reviewed applications for financial assistance authorized by Public Law 102-590 for the new VA Homeless Grant and Per Diem Program. Thirty-one public and private non-profit groups were awarded \$5.5 million to develop new forms of assistance for homeless veterans.

## **Disabled Transition Assistance Program**

The Disabled Transition Assistance Program (DTAP) is an employment and vocational rehabilitation assistance program for service members being separated from military service. Through this program, the Vocational Rehabilitation and Counseling (VR&C) Service has placed great emphasis on getting vocational rehabilitation assistance to potentially eligible service members and veterans as soon after the onset of their disabilities as possible. Wherever feasible, a face-to-face interview occurs with servicemen and women who are separating from active duty because of disability. VR&C Service, therefore, is transferring the presentation portion of the DTAP effort to the Veterans Services Division's (VSD) military services coordinators who were already involved in pre-separation and retirement briefings at military installations through the Transition Assistance Program (TAP). The VR&C Service will maintain DTAP presentation duties to those service members who, due to a lack of mobility, are unable to attend TAP sessions. These veterans may be located at military hospitals. To ensure that the quality of presentations is maintained and effects a smooth transfer of responsibilities, the VR&C staff presently conducting DTAP presentations will be responsible for

training and assisting the VSD military service coordinators in assuming this new duty.

## **Transition Assistance Program**

Military Services Coordinators (MSC) from Veterans Services Divisions provided support for the Transition Assistance Program (TAP) and, in cooperation with staff from Vocational Rehabilitation and Counseling Divisions, for the DTAP during FY 1994. MSCs have also been involved in transition assistance outreach programs for the Reserve and National Guard and liaison activities with education program services, Physical Evaluation Boards (PEB), military medical facilities, casualty assistance offices, and family and personal services activities at military installations within their jurisdictions. Support for transition assistance activities overseas was provided during FY 1994 through temporary duty assignments of VBA personnel. Staff from a number of ROs and VACO participated in both long- and short-term assignments to provide information about benefits and other services to transitioning service members.

## **Disabled American Veterans Training Facility**

VR&C Service worked closely with the Disabled American Veterans (DAV) to establish a training academy in Denver, CO. This academy provides academic training by University of Colorado faculty to participants of the DAV national service officer training program. The program is 17 weeks in length and covers subjects such as medical terminology, anatomy, physiology, medical benefits, compensation and pension, DAV outreach programs, communication skills, and a writing workshop. Participants will receive full college credit.

## **Traumatic Brain Injury Veterans**

The number of veterans and active duty military personnel who have sustained traumatic brain injuries (TBI) and require vocational rehabilitation is increasing. VR&C Service is working closely with the National Head Injury Foundation, the Defense and Veterans Head Injury Program, and VHA's Rehabilitation Medicine Service to ensure that effective rehabilitation services are provided for these veterans and their families.

## **Annual Insurance Policy Statement**

In August 1994, all Government life insurance policyholders with active policies began receiving an annual insurance policy statement. This statement, which is sent out on the policy anniversary date, gives a comprehensive status of the insurance coverage. The objective of this statement is to keep veterans apprised of the specifics about their VA insurance coverage on a periodic basis and to answer policyholder questions

before they contact VA. The new statement is being sent to the 2.9 million insureds annually. This statement replaces the old dividend statement for 1.3 million of the insureds. For various reasons, 1.6 million of these policyholders were not receiving any annual notices.

## **Interactive Voice Response System for Government Life Insurance**

In conjunction with the insurance toll-free telephone service, an Interactive Voice Response (IVR) system will be installed. This system will allow Government life insurance policyholders to access their own records and have account-specific information spoken to them by a computer. Information available to policyholders through IVR will include a variety of items relating to premium status, dividend status, and insurance in force. The installation of this system will allow calls to be answered beyond normal work hours and without human intervention. The new system is expected to reduce call blockage (the percentage of callers who receive a busy signal) on the toll-free service.

In July 1994, VA's Insurance Service placed an order with Sonant, Inc., to purchase the hardware, software, and associated services required to implement the system. System design and functional specifications are completed and testing is underway. The system is expected to be operational in mid-November 1994.

## **Modernization -- Veterans Service Network**

Modernization is VBA's strategy for improving the delivery of benefits and services to the veteran through the application of modern information technology. The result of VBA's modernization strategy will be called the Veterans Service Network, or VETSNET. The VETSNET will provide a coherent picture of veteran interaction with VBA, and it will allow VBA personnel in the field to provide more comprehensive and timely service. VETSNET will enhance interaction between VA components through the formation of a single veteran information stream. To accomplish this transformation, VBA has adopted a management approach with three principal components: business transition, acquisition of modernized information technology, and software transition. VETSNET will transform the focus of current support systems by shifting the central focus to the veteran rather than on the benefit program. Consequently, information about veterans, their dependents, and VA's management of their entitlements will be emphasized rather than data on individual entitlement programs.

With VETSNET in place, VBA will be more responsive to veterans' needs by providing timely processing of claims, stringent rule-based processing, and a substantially higher quality of benefits delivery. Through the use of automatic forwarding of claims, the time needed for evaluation, decision, and payment will be significantly decreased. Automated "folders" will be routed more efficiently and will not be misplaced. A single source of information available to all VBA programs means that veterans will not have to supply duplicate information and documentation whenever they apply for a different benefit. This will greatly reduce their paperwork requirements and simplify transactions with VBA. Through the introduction of advance technologies such as touch screens and direct 800 service, veterans will have more direct access to general information about VBA benefits as well as the status of their own individual claims. For VBA's customers, VETSNET stands for prompt and accurate service and a standard of excellence that they expect and deserve.

At the end of FY 1994, implementation of Stage I of VBA's modernization program was completed at 50 ROs. The remaining eight ROs will receive the upgraded equipment early in FY 1995. Stage I provides enhanced local processing capability at the RO level, allowing the migration of information processing to the locations where data are captured and managed and where many decisions are made. Stage I gives RO personnel expanded access to current systems and also provides the platform for developing applications in the new technical environment.

Stage II of the modernization program, currently in the acquisition phase, builds on the foundation of Stage I technologies to image-enable the Stage I modernized environment in order to enhance RO productivity. The image subsystem will consist of document scanning functions, image retrieval and routing functions, intermediate image storage functions, and the permanent storage (archive) functions utilized by VBA's ROs.

Stage III of modernization will result in the acquisition of computers, operating systems, and a relational database management system to support centralized applications and data exchange with VA organizations and other government agencies. Stage III will also provide on-line centralized file contingency, capacity and configuration management, software and communications support, and direct processing support for insurance and other VBA applications. Centralized applications that will operate at the National Service Centers include mission-critical payment systems, accounting functions, and systems-wide directories and locators.



## **Performance Agreement 2 -- BECOME AN EMPLOYER OF CHOICE**

### **Leadership Enrichment Program**

The Loan Guaranty Leadership Enrichment Program was held in September 1994. The program was designed to identify and enrich a diverse cadre of potential future leaders within the loan guaranty workforce. Sixty-four nonsupervisory journey level technicians were competitively selected from 151 applicants. Attendees received briefings on presentation and writing skills and on major issues facing VBA and the loan guaranty program. They participated in challenging discussions and exercises with senior loan guaranty and VBA managers and developed group presentations on customer service. Participants' evaluations of the program were very positive. Many expressed appreciation for the opportunity to interact with current and future leaders of the loan guaranty program.

### **Specially Adaptive Equipment for Employees**

VBA's Office of Information Technology procures and installs specially adaptive equipment at all VBA facilities that have personnel with visual or physical challenges. This enables both technical and non-technical personnel who are visually or physically challenged to serve our customers with the same proficiency and ability as other VBA employees.

### **Training**

Loan Guaranty Service conducted training for 91 loan technicians during FY 1994. In addition to enhancing the overall level of knowledge among the more experienced loan specialists, the training stressed the importance of consistency in administering the loan guaranty program in all areas of the country.

Veterans Assistance Service (VAS) has two significant training programs that were developed to ensure that employees have the tools and training to work effectively. The programs are a computer-based training program called Advisor and the curriculum developed for centralized training for veterans benefits counselors (VBC). Advisor was developed for VBCs by VAS and the Oak Ridge Institute for Science and Education (ORISE) and is operated by Oak Ridge Associated Universities for the U.S. Department of Energy. Advisor includes eight lesson modules that provide detailed instruction in eight benefit programs. The eight modules are compensation, education, pension, insurance, death

benefits, loan guaranty, vocational rehabilitation, and medical/dental. VBA is nearing the end of its development phase of Advisor with ORISE. During FY 1994, four modules (compensation, education, pension and insurance) were completed and released to the field. The remaining four modules are scheduled for release in early FY 1995. When the final development phase is completed, VAS will begin a regular schedule of updates (e.g., changes in law, benefit COLAs, and changes in procedures). VAS also developed a curriculum for centralized training for VBCs. During FY 1994, VAS participated in numerous centralized training programs. Sixty-four new VBCs received training during two centralized training programs taught at the VBA Academy. VAS helped develop a special telephone technique/customer service course offered at the Academy by the Eastern Area. In addition, VAS staff members developed and presented a special customer service course that was included in the VBA curriculum for new supervisors taught to several classes at the Academy.

Additional work was completed on new courses being designed for supervisory training. VAS also began amending its centralized training curriculum for VBCs to match the training level of employees who will complete initial benefits training on Advisor.

Through VBA's mandate to ensure that field staff keep abreast of advances in the field of rehabilitation and counseling, VR&C Service provided ongoing programs of training and staff development. These programs ranged from national conferences on employment services to sponsorship of individual courses in subjects related to program activities.

All VBA VACO employees have access to baseline training for current systems that includes introductory and advanced level study through a wide range of office automation courses. A flexible training program is also available for all field station personnel. This program gives each station an opportunity to have on-site live education from either the established curriculum or a customized training program, whichever best fits the station's needs.

## **Performance Agreement 3 -- INTRODUCE MAJOR SERVICE IMPROVEMENTS**

### **Pilot Tests**

Compensation and Pension Service is working with the Department of the Army and VHA to develop pilot tests of the sharing of resources and functions in the conduct of discharge physicals for service persons filing claims for compensation at discharge or who have identified potential disabilities in pre-discharge screenings.

## **Pilot Program**

Loan Guaranty Service is conducting a pilot project at the Oakland RO to evaluate a significantly different way of doing business with participating lenders. In place of the current procedure in which a lender submits a report of a loan to VA and waits for evidence of the guaranty while VA conducts a comprehensive review of the entire file, lenders are completing a loan summary sheet and submitting it with the loan file. The data on the loan summary sheet are input directly into the loan production system and the certificate of guaranty is automatically issued. Ten percent of the loans are then selected for comprehensive review and another 10 percent selected for post audit. The results of the pilot are successful in speeding up the process of issuing the certificate of guaranty without any discernible decline in the quality of the cases submitted by the lenders. Loan Guaranty Service expects to implement the procedure nationwide for loans closed on or after March 1, 1995.

## **Streamlining of Education Claims Processing**

During FY 1994, plans were approved and finalized to consolidate education claims processing from 58 ROs to 4 in 1995. These four offices (Atlanta, GA, Buffalo, NY, Muskogee, OK, and St. Louis, MO) are now responsible for the processing of 562,500 education claims. A labor/management partnership agreement ensures that no jobs will be lost to this consolidation and FTEE will be moved through the reallocation of vacancies. It is estimated that a 20 percent efficiency in the processing of claims will be realized.

## **Lender Appraisal Processing Program**

Under the lender appraisal processing program (LAPP), lenders satisfying VA eligibility criteria can receive appraisal reports directly from VA-assigned appraisers, review those appraisals, and subsequently underwrite and close those loans automatically. LAPP reduced the time necessary to process and close loans. In FY 1994, the program's third full year, 51,529 loans were guaranteed under LAPP authority. This is 16.5 percent of all VA loans guaranteed, more than 3.5 times the 14,289 guaranteed under LAPP in FY 1993.

## **Construction and Valuation Portion of the Loan Production System**

Implementation of the fully functioning local area network (LAN) version of Construction and Valuation (C&V) began in FY 1994. At the end of FY 1994, seven ROs were fully implemented and five additional ROs were in the process of completing their pre-implementation

training. Field stations benefit from this system by being able to provide more effective and efficient service to veterans and other program participants.

## **Toll-Free Telephone Service**

Routing control service was installed in May 1994. This service allows VBA to route telephone calls from one RO to one or more other offices during emergencies and office closings. This is accomplished through the execution of pre-planned routing and/or creation of new routing sets. Calls are routed based upon the caller's area code and exchange, time of day, day of week, day of year and/or on a percentage basis.

## **Radiation Helpline**

As a result of the news media coverage of radiation exposure and experimental radiation treatment, calls to our radiation helpline and to ROs increased significantly the first few months of FY 1994. The Department of Energy's toll-free service referred callers concerned with radiation exposure while on active duty or with radiation treatment in a VAMC to VA toll-free telephone services. The radiation helpline receives about 600 calls per month.

## **Vocational Rehabilitation Automated Management System**

Vocational Rehabilitation Automated Management System (VRAMS) is an office automation system for Vocational Rehabilitation and Counseling (VR&C) Divisions and Service in VACO. It is designed to process information on the nine benefit types for which the VR&C activity is responsible, such as chapters 15, 30, 31, and 35.

The VR&C Service was the first VBA element to initiate and achieve Phase I of its Stage I modernization with the completion and installation of VRAMS in FY 1994. The system is operating at 25 ROs and at VACO. Implementation at the remaining VBA locations is pending the testing and approval of office automation for outbased locations.

## **Employment of Veterans Completing Vocational Rehabilitation**

Major emphasis was placed on the employment of veterans who have completed Vocational Rehabilitation under chapter 31. This has been done by training field staff, using contract providers for employment services, and giving special employer incentives. The number of veterans rehabilitated was increased through suitable, stable employment from just over 3,000 to approximately 5,000.

## **Electronic Funds Transfer for Servicemen's Group Life Insurance Premium Payments**

A new premium payment system for the Office of Servicemen's Group Life Insurance (OSGLI) program is resulting in \$1 million annually in additional interest income to the program. Premium payments by the service departments were converted from paper checks to Electronic Funds Transfer (EFT). Now 99.6 percent of premiums are handled entirely by EFT. Premiums sent through EFT can be processed within 24 hours of receipt. There is no longer a mail delay or paperwork processing delay involved with the funds transfers. Additionally, VA is now able, via the Treasury's Automated Clearing House system, to initiate the electronic transfer to OSGLI, rather than making the request to Treasury. The savings that are realized as a result of these changes accrue to the benefit of servicemen and women in the form of lower premium rates.

## **Expanded Use of Bar Coding in the Insurance Program**

The VA life insurance program has begun using a bar coded folder tracking system in the claims activity.

As soon as a policy becomes a claim, the bar code is affixed to the file. All files that are moved to a new location are scanned in the same way that Federal Express handles package delivery. The location of each file is then available in the computer system. This significantly reduces the time required to locate a file, thereby improving customer service and reducing staff hours spent searching for files.

Bar codes are added to all beneficiary designation forms sent out by the Insurance computer system. This allows for automatic call-up of the proper computer record when the form is returned and automatic update of all necessary computer entries. During FY 1994, bar coding was used to speed processing of applications for two mass-mailing projects. One was the application for the net premium billing dividend option and the other was the application to use dividend credit balances to purchase paid-up additional insurance.

Table 42 -- Guaranteed Loans, Defaults and Claims, and Property Management

	Cumulative Through September 30, 1994 (1)	Fiscal Year		
		1994	1993	1992
Guaranteed Loans				
Number of loans--total .....	14,498,080	602,244	383,303	266,021
Home.....	14,384,606	602,220	383,236	265,895
Manufactured home.....	113,474	24	67	126
Amount of loans (\$000)--total.....	\$476,903,099	\$55,141,335	\$34,634,878	\$22,959,806
Home.....	\$474,832,940	\$55,140,529	\$34,632,993	\$22,956,501
Manufactured home.....	\$2,070,159	\$806	\$1,885	\$3,305
Average loan amount	--	--	--	--
Home.....	\$33,010	\$91,562	\$90,370	\$86,337
Manufactured home.....	\$18,243	\$33,607	\$28,138	\$26,230
Amount of guaranty and insurance (\$000)--total.....	\$193,406,860	\$18,331,642	\$11,600,723	\$7,818,922
Home.....	\$192,417,742	\$18,331,359	\$11,599,979	\$7,817,599
Manufactured home.....	\$989,118	\$283	\$744	\$1,323
Average Interest Rate	--	7.2%	7.8%	8.6%
Loans outstanding - end of fiscal year.....	--	3,428,939	3,512,394	3,683,388
Substitutions of entitlement.....	45,041	1,252	963	1,199
Defaults and Claims				
Defaults reported.....	5,183,713	125,463	142,196	153,389
Loans in default--end of fiscal year.....	--	106,717	110,792	113,654
Percent of loans outstanding.....	--	3.1%	3.2%	3.1%
Claims pending--end of fiscal year.....	--	1,073	1,383	1,471
Defaults disposed of--total.....	5,075,923	129,848	145,146	162,370
Cured or withdrawn.....	4,230,697	104,507	116,137	128,522
Percent.....	83.3%	80.5%	80.0%	79.2%
Loans outstanding - average for fiscal year.....	--	3,457,515	3,591,150	3,736,328
Claims vouchered for payment.....	845,226	25,341	29,009	33,848
Percent of loans outstanding.....	--	0.7%	0.8%	0.9%
Servicing efforts--total actions.....	--	10,942	9,453	8,599
Successful interventions.....	--	5,522	5,141	5,029
Deeds in lieu of foreclosures.....	--	1,571	1,895	1,959
Compromise agreements.....	--	2,141	1,315	691
Refundings.....	--	1,708	1,102	920
Counseling.....	--	207,036	227,239	221,890
Property Management				
Number acquired.....	848,733	24,831	28,425	34,321
Number sold.....	828,747	24,827	30,457	33,110
Number of properties repaired (over \$1,000).....	--	10,955	13,161	14,702
Average cost of repairs.....	--	\$2,072	\$1,879	\$1,776
Number redeemed.....	9,053	314	440	407
Number on hand--end of fiscal year.....	--	10,973	11,283	13,755
Number rented--end of fiscal year.....	--	59	33	17
Rental revenue received.....	--	\$142,355	\$170,443	\$165,744

(1) Since beginning of program.

NOTE: Detail may not add to total due to rounding.

**Table 43- - Comparative Highlights for Life Insurance Programs  
for Veterans and Service Persons**

(Numbers of policies and monetary figures in thousands)

<i>Program</i>	<i>Fiscal Year 1994</i>	<i>Fiscal Year 1993</i>	<i>Fiscal Year 1992</i>
<b>U. S. Government Life Insurance</b>			
Policies.....	27	30	33
Amount.....	\$93,511	\$102,983	\$114,041
Death benefits.....	\$9,467	\$11,338	\$13,063
<b>National Service Life Insurance (1)</b>			
Policies.....	2,313	2,404	2,494
Amount.....	\$20,279,749	\$20,657,492	\$20,982,310
Death benefits.....	\$738,437	\$695,647	\$677,427
<b>Veterans Special Life Insurance (1)</b>			
Policies.....	269	276	283
Amount.....	\$2,883,429	\$2,902,433	\$2,915,340
Death benefits.....	\$38,361	\$34,806	\$33,626
<b>Service-Disabled Veterans Insurance</b>			
Policies.....	169	170	163
Amount.....	\$1,543,830	\$1,547,653	\$1,478,754
Death benefits.....	\$35,144	\$29,038	\$29,512
<b>Veterans Reopened Insurance (1)</b>			
Policies.....	106	110	114
Amount.....	\$788,953	\$804,290	\$819,966
Death benefits.....	\$27,604	\$26,547	\$25,035
<b>Veterans Mortgage Life Insurance</b>			
Policies.....	4	4	4
Amount.....	\$222,066	\$219,076	\$153,718
Death benefits.....	\$7,561	\$5,234	\$4,718
<b>Servicemen's Group Life Insurance</b>			
Policies.....	2,896	3,065	3,215
Amount.....	\$455,662,315	\$472,512,190	\$318,247,695
Death benefits (2).....	\$384,960	\$340,830	\$299,061
<b>Veterans Group Life Insurance</b>			
Policies.....	342	331	306
Amount.....	\$25,357,720	\$22,456,475	\$17,921,155
Death benefits (2).....	\$56,701	\$54,901	\$45,644

(1) Includes paid-up additional insurance purchased by dividends.

(2) SGLI and VGLI death benefits are policy year death benefits, ending June 30, 1994.



Table 44 -- Insurance in Force -- Fiscal Year 1994

	<i>Participating</i>					
	<i>U.S. Government Life Insurance</i>		<i>National Service Life Insurance (1)</i>		<i>Veterans Special Life Insurance (1)</i>	
	<i>Number of Policies</i>	<i>Amount of Insurance (2) (\$000)</i>	<i>Number of Policies</i>	<i>Amount of Insurance (2) (\$000)</i>	<i>Number of Policies</i>	<i>Amount of Insurance (2) (\$000)</i>
In force at beginning of year.....	29,793	\$102,983	2,402,474	\$14,421,697	276,168	\$2,278,877
Insurance issued during year.....	--	--	--	--	--	--
Insurance reinstated during year.....	1	\$10	7,289	\$30,592	844	\$3,743
Insurance terminated during year by:						
Death.....	1,842	\$6,912	85,352	\$469,868	3,813	\$30,013
Maturity at endowment.....	515	\$2,362	4,068	\$23,558	2,702	\$18,281
Lapse, expiry, and net changes.....	(57)	(\$214)	3,818	\$141,681	381	\$19,282
Cash surrender.....	110	\$422	5,429	\$27,342	748	\$6,085
Total terminated.....	2,410	\$9,482	98,667	\$662,449	7,644	\$73,661
In force at end of year.....	27,384	\$93,511	2,311,096	\$13,789,840	269,368	\$2,208,959
Selected year-end items:						
In force on five-year term plan.....	--	--	615,146	\$4,874,911	25,416	\$229,695
In force on all other plans.....	27,384	\$93,511	1,695,950	\$8,914,929	243,952	\$1,979,264
In force with disability income rider.....	--	--	22,779	\$188,761	22,187	\$194,259
In force under disability premium waiver.....	58	\$454	101,106	\$660,288	11,100	\$94,647

	<i>Participating (Continued)</i>		<i>Nonparticipating</i>	
	<i>Veterans Reopened Insurance (1)</i>		<i>Service-Disabled Veterans Insurance</i>	
	<i>Number of Policies</i>	<i>Amount of Insurance (2) (\$000)</i>	<i>Number of Policies</i>	<i>Amount of Insurance (2) (\$000)</i>
In force at beginning of year.....	109,847	\$652,129	169,721	\$1,547,653
Insurance issued during year.....	--	--	6,739	\$64,271
Insurance reinstated during year.....	819	\$3,445	63	\$609
Insurance terminated during year by:				
Death.....	3,958	\$21,862	3,703	\$33,325
Maturity at endowment.....	183	\$1,368	401	\$2,877
Lapse, expiry, and net changes.....	165	\$6,198	2,299	\$23,442
Cash surrender.....	250	\$1,432	1,023	\$9,059
Total terminated.....	4,556	\$30,860	7,426	\$68,703
In force at end of year.....	106,110	\$624,714	169,097	\$1,543,830
Selected year-end items:				
In force on five-year term plan.....	--	--	72,274	\$699,894
In force on all other plans.....	106,110	\$624,714	96,823	\$843,936
In force with disability income rider.....	822	\$6,864	--	--
In force under disability premium waiver.....	9,126	\$49,471	39,609	\$372,889

(1) Excludes paid-up additional insurance purchased by dividends.

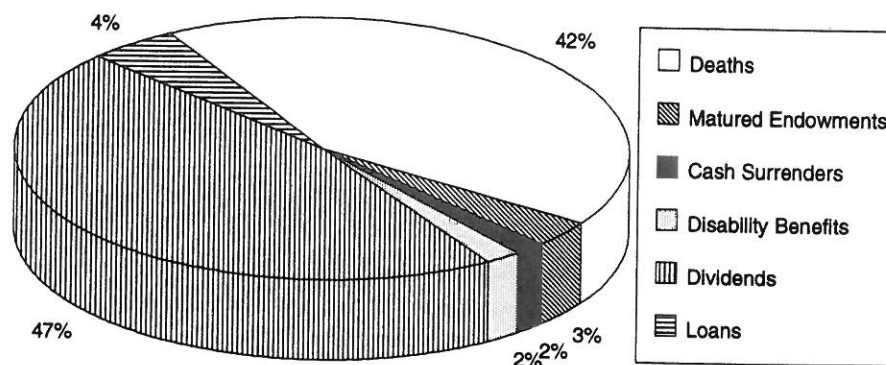
(2) Amounts are in thousands.

Table 45 -- Servicemen's and Veterans' Group Life Insurance Statement of Operations (Accrual Basis)

<i>Item</i>	<i>Policy Year Ending June 30, 1994</i>	<i>Cumulative from September 29, 1965</i>
<b>Income</b>		
Premiums.....	\$483,494,512	\$4,746,415,005
Extra hazard payments.....	\$0	\$513,046,301
Interest earned.....	\$31,605,600	\$519,006,708
Total.....	\$515,100,112	\$5,778,468,014
<b>Disposition of Income</b>		
Death claims.....	\$439,185,046	\$5,148,102,747
Net cost of extra mortality on conversion.....	\$2,131,369	\$53,383,962
Expense of administration.....	\$11,094,906	\$155,767,669
Taxes and fees.....	\$1,441,020	\$63,649,559
Term to age 60 reserve (Retired Reserves).....	\$8,157,212	\$30,797,137
Five-year term and conversion cost reserve (VGLI).....	\$158,762,821	\$218,762,821
Contingency reserve.....	\$6,134,909	\$66,213,781
Premium stabilization reserve.....	(\$111,807,171)	\$41,790,338
Total.....	\$515,100,112	\$5,778,468,014

Table 46 -- VA Administered Insurance Disbursements

	<i>Disbursements</i>	<i>Percent of total VA disbursements</i>
Total.....	\$2,018,265	100.0
Deaths.....	\$856,574	42.4
Matured Endowments.....	\$68,086	3.4
Cash Surrenders.....	\$31,978	1.6
Disability Benefits.....	\$38,725	1.9
Dividends.....	\$933,023	46.2
Loans.....	\$89,879	4.5

VA Administered Insurance Disbursements  
Percent Distribution -- Fiscal Year 1993

# EDUCATIONAL ASSISTANCE

TABLE 47

Table 47 -- Persons in Training by Entitlement and Type of Training--Fiscal Year 1994

Program	Total	Institutions of Higher Learning	Resident Schools Other Than College	On-Job Training	Other (1)
Montgomery GI Bill--Active Duty (Title 38, U.S.C., Chapter 30)	284,108	257,550	18,711	3,420	4,427
Montgomery GI Bill--Selected Reserve (Title 10, U.S.C., Chapter 106)	103,061	103,061	--	--	--
Post-Vietnam Era Veterans' Educational Assistance Program (Title 38, U.S.C., Chapter 32)	25,529	24,623	906	--	--
Educational Assistance for Children of Totally Disabled or Deceased Veterans (Title 38, U.S.C., Chapter 35)	35,706	33,740	1,910	38	18
Educational Assistance for Spouses of Totally Disabled or Deceased Veterans (Title 38, U.S.C., Chapter 35)	4,554	4,127	386	3	38
Vocational Rehabilitation Program for Disabled Veterans (Title 38, U.S.C., Chapter 31)	44,229	39,362	3,527	335	1,005
Section 901--Educational Assistance Test Program	277	--	--	--	--

(1) "Other" for Chapter 35 (Spouses) and for Chapter 30 (Veterans) is Correspondence Training;  
for Chapter 35 (Children), "Other" is Special Restorative Training.

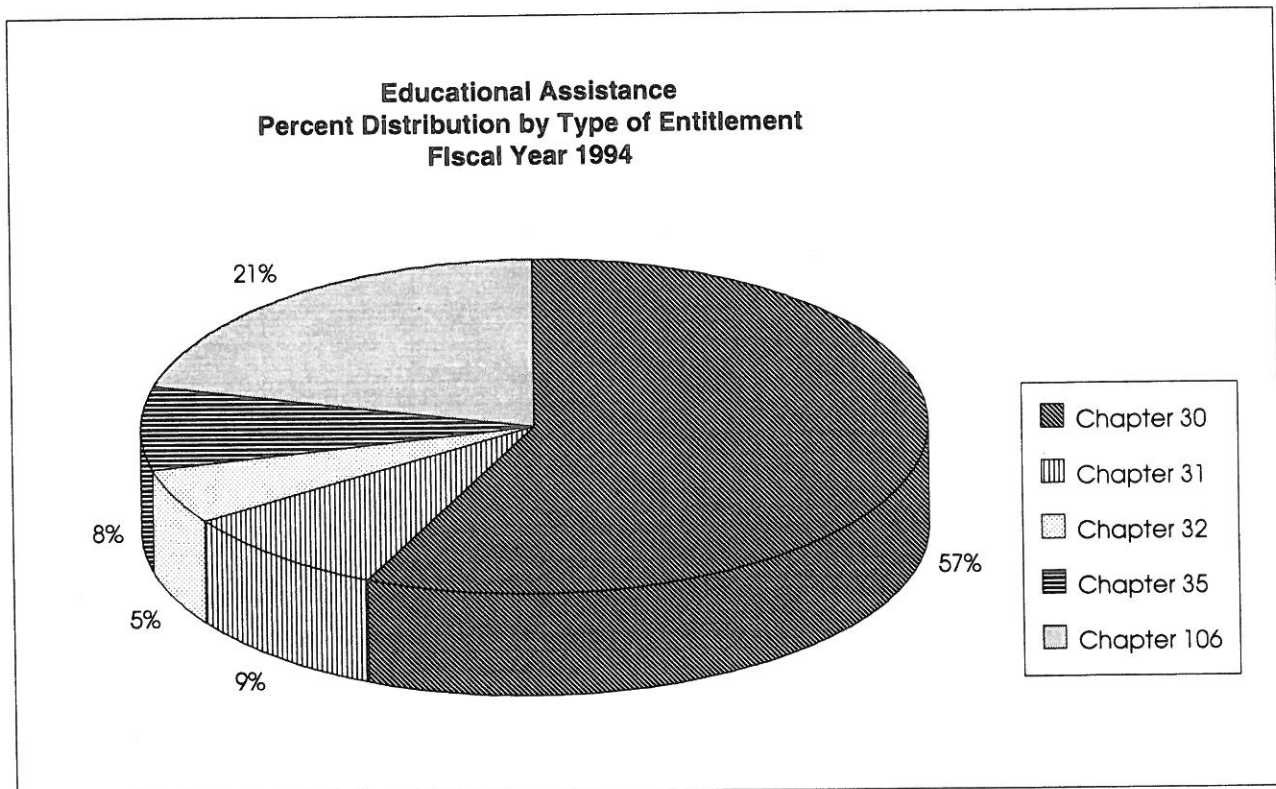


TABLE 48

## COMPENSATION AND PENSION

Table 48 -- Reasons for Terminations of Disability and Death Awards, by Period of Service--Fiscal Year 1994

Reasons for Terminations	All Periods (1)			World War I & Earlier (1)		World War II	
	Total (1,2)	Service-Connected	Nonservice-Connected	Service-Connected	Nonservice-Connected	Service-Connected	Nonservice-Connected
Disability--total.....	93,099	42,620	50,479	288	1,334	26,573	33,968
Death of a veteran.....	69,148	39,119	30,029	278	1,226	26,073	22,418
Disability less than 10 percent.....	112	112	--	--	--	1	--
Disability less than permanent and total.....	23	--	23	--	--	--	4
Estate in excess of \$1,500.....	36	18	18	--	1	6	8
Excessive corpus of estate.....	432	--	432	--	21	--	361
Failure to cooperate.....	1,043	624	419	--	5	37	240
Income provisions.....	13,614	--	13,614	--	22	--	6,981
Person entitled is incarcerated.....	87	--	87	--	--	--	17
Veterans on active duty or in receipt of retirement pay.....	395	394	1	--	--	11	1
Failure to return questionnaire.....	2,725	--	2,725	--	32	--	1,928
Miscellaneous (2).....	5,484	2,353	3,131	10	27	445	2,010
Death--total.....	56,107	11,608	44,499	871	12,974	4,624	22,838
Death of payee.....	27,163	7,856	19,307	846	10,784	4,113	7,904
Dependency not established or discontinued.....	4,324	1,525	2,799	--	37	94	788
Excessive corpus of estate.....	326	13	313	--	128	8	160
Income provisions.....	15,582	203	15,379	1	626	16	10,190
Payee incarcerated.....	54	1	53	--	--	--	25
Person entitled (surviving spouse, child, or parent) married.....	1,177	468	709	3	18	61	407
Failure to return questionnaire.....	3,010	322	2,688	--	719	71	1,501
Miscellaneous (2).....	4,471	1,220	3,251	21	662	261	1,863

	Korean Conflict		Vietnam Era		Persian Gulf		Peacetime
	Service-Connected	Nonservice-Connected	Service-Connected	Nonservice-Connected	Service-Connected	Nonservice-Connected	Service-Connected
Disability--total.....	3,825	10,312	5,681	4,853	850	12	5,403
Death of a veteran.....	3,687	4,688	4,980	1,695	202	2	3,899
Disability less than 10 percent.....	2	--	5	--	23	--	81
Disability less than permanent and total.....	--	3	--	16	--	--	--
Estate in excess of \$1,500.....	3	8	7	1	--	--	2
Excessive corpus of estate.....	--	40	--	10	--	--	--
Failure to cooperate.....	15	95	66	79	164	--	342
Income provisions.....	--	4,363	--	2,239	--	9	--
Person entitled is incarcerated.....	--	20	--	50	--	--	--
Veterans on active duty or in receipt of retirement pay.....	16	--	109	--	115	--	143
Failure to return questionnaire.....	--	462	--	303	--	--	--
Miscellaneous (2).....	102	633	514	460	346	1	936
Death--total.....	1,270	5,852	3,016	2,830	59	5	1,768
Death of payee.....	1,004	470	972	149	3	--	918
Dependency not established or discontinued.....	59	670	946	1,304	19	--	407
Excessive corpus of estate.....	4	18	--	7	--	--	1
Income provisions.....	16	3,680	122	881	5	2	43
Payee incarcerated.....	--	14	1	14	--	--	--
Person entitled (surviving spouse, child, or parent) married.....	36	183	217	101	17	--	134
Failure to return questionnaire.....	55	316	152	152	2	--	42
Miscellaneous (2).....	96	501	606	222	13	3	223

(1) Includes all wartime periods prior to World War I. Disability includes 13 nonservice-connected veterans. Death includes 5 service-connected and 208 nonservice-connected veterans.

Death includes 5 service-connected and 208 nonservice-connected veterans.

(2) Includes temporary terminations.

NOTE: Detail may not add to totals due to rounding.

## COMPENSATION

TABLE 49

Table 49 -- Disability: Class of Dependent and Period of Service--September 30, 1994

Class of Dependent	Total		World War I and Earlier (1)		World War II		Korean Conflict	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Veteran recipients--total.....	2,217,908	\$900,658,300	940	\$459,500	730,724	\$283,679,300	194,577	\$91,198,900
Veterans less than 30 percent disabled (no dependency benefit).....	1,266,580	138,963,400	458	70,100	404,537	43,486,500	102,428	11,127,700
Veterans 30 percent or more disabled.....	951,328	761,694,900	482	389,500	326,187	240,192,800	92,149	80,071,200
Without dependents.....	298,434	220,556,800	335	268,600	106,031	71,333,000	29,108	23,498,000
With dependents.....	652,894	541,138,100	147	120,800	220,156	168,859,800	63,041	56,573,200
Spouse only.....	450,691	364,597,600	142	116,100	213,128	162,274,800	56,940	50,297,400
Spouse, child or children.....	158,993	136,241,900	--	--	5,487	5,021,200	4,664	4,563,800
Spouse, child or children, and parent or parents.....	1026	1,678,000	--	--	22	27,900	34	60,700
Spouse, parent or parents.....	778	1,186,500	--	--	100	129,500	162	274,400
Child or children only.....	38,456	32,496,700	5	4,800	1,222	1,101,400	968	895,900
Child or children, and parent or parents.....	381	596,900	--	--	2	2,500	8	12,800
Parent or parents only.....	2,569	4,340,600	--	--	195	302,600	265	468,100
Total dependents on whose account additional compensation was being paid.....	971,188	--	147	--	227,345	--	69,886	--
Spouse.....	611,488	--	142	--	218,737	--	61,800	--
Children.....	354,383	--	5	--	8,283	--	7,591	--
Parents.....	5,317	--	--	--	325	--	495	--

	Vietnam Era		Persian Gulf		Peacetime	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Veteran recipients--total.....	693,811	\$324,460,500	105,616	\$24,800,100	492,240	\$176,059,900
Veterans less than 30 percent disabled (no dependency benefit).....	358,561	40,021,600	77,225	8,621,200	323,371	35,636,300
Veterans 30 percent or more disabled.....	335,250	284,438,900	28,391	16,178,900	168,869	140,423,700
Without dependents.....	91,352	72,464,800	11,078	5,736,700	60,530	47,255,600
With dependents.....	243,898	211,974,100	17,313	10,442,200	108,339	93,168,000
Spouse only.....	118,490	99,342,500	4,862	2,765,000	57,129	49,801,700
Spouse, child or children.....	99,149	87,549,600	10,270	6,416,000	39,423	32,691,400
Spouse, child or children, and parent or parents.....	757	1,259,800	15	19,300	198	310,300
Spouse, parent or parents.....	333	513,200	8	6,300	175	263,000
Child or children only.....	23,584	20,674,900	2,118	1,195,300	10,559	8,624,400
Child or children, and parent or parents.....	246	384,200	11	9,400	114	188,000
Parent or parents only.....	1,339	2,249,800	29	30,900	741	1,289,200
Total dependents on whose account additional compensation was being paid.....	442,998	--	38,395	--	192,417	--
Spouse.....	218,729	--	15,155	--	96,925	--
Children.....	221,228	--	23,171	--	94,105	--
Parents.....	3,041	--	69	--	1,387	--

(1) Includes 13 Mexican Border service-connected veterans.

Note: Includes special monthly compensation, where applicable. All Numbers and Monthly Values as of September 1994.  
Detail may not add to totals due to rounding.



TABLE 50

## COMPENSATION

Table 50 -- Death: Class of Beneficiary by Period of Service--September 30, 1994

Class of Beneficiary	Total		World War I and Earlier (1)		World War II		Korean Conflict	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	307,522	\$246,062,700	8,079	\$6,752,000	129,248	\$104,258,400	37,539	\$29,741,700
Compensation.....	6,760	564,600	6	2,400	3,992	340,200	2,379	191,500
Dependency and indemnity compensation.....	300,419	245,204,500	8,073	6,749,500	125,068	103,757,100	35,034	29,443,800
Dependency and indemnity compensation, and compensation.....	343	293,500	--	--	188	161,100	126	106,500
Surviving spouse alone.....	258,594	218,553,800	7,470	6,371,700	118,247	99,123,800	32,074	27,753,100
Surviving spouse and children.....	15,464	16,561,400	79	98,400	1,906	2,219,900	776	875,500
Surviving spouse, children, and mother.....	300	361,800	--	--	3	5,200	--	--
Surviving spouse, children, and father.....	33	41,600	--	--	--	--	--	--
Surviving spouse, children, mother, and father...	60	77,000	--	--	1	1,600	--	--
Surviving spouse and mother.....	2,309	2,274,500	--	--	396	421,400	233	222,900
Surviving spouse and father.....	186	176,300	--	--	24	23,000	16	15,300
Surviving spouse, mother, and father.....	158	152,300	--	--	6	7,200	8	7,700
Children alone.....	8,493	3,745,300	525	279,800	1,541	799,100	462	232,300
Children and mother.....	223	128,500	--	--	4	3,300	5	3,300
Children and father.....	20	11,700	--	--	--	--	--	--
Children, mother, and father.....	29	19,200	--	--	--	--	--	--
Mother alone.....	19,107	3,502,400	5	2,000	6,669	1,520,200	3,605	575,800
Father alone.....	1,360	258,700	--	--	376	111,100	240	33,100
Mother and father.....	1,186	198,300	--	--	75	22,600	120	22,800
Survivors--total.....	338,019	--	8,194	--	132,014	--	38,894	--
Surviving spouses.....	277,082	--	7,548	--	120,564	--	33,106	--
Children.....	34,532	--	641	--	3,814	--	1,433	--
Mothers.....	23,373	--	5	--	7,154	--	3,971	--
Fathers.....	3,032	--	--	--	482	--	384	--

Class of Beneficiary	Vietnam Era		Persian Gulf		Peacetime	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	83,783	\$66,278,100	2,417	\$2,103,200	46,456	\$36,929,200
Compensation.....	5	800	--	--	378	29,700
Dependency and indemnity compensation.....	83,775	66,274,700	2,417	2,103,200	46,052	36,876,200
Dependency and indemnity compensation, and compensation.....	3	2,700	--	--	26	23,300
Surviving spouse alone.....	65,566	55,557,300	610	483,400	34,627	29,264,500
Surviving spouse and children.....	6,615	7,009,400	1,280	1,359,100	4,808	4,999,100
Surviving spouse, children, and mother.....	105	123,100	44	54,600	148	178,800
Surviving spouse, children, and father.....	10	13,400	4	4,700	19	23,600
Surviving spouse, children, mother, and father...	19	23,500	17	21,600	23	30,300
Surviving spouse and mother.....	1,211	1,171,300	13	12,100	456	446,800
Surviving spouse and father.....	107	98,900	2	2,300	37	36,800
Surviving spouse, mother, and father.....	111	103,200	2	2,300	31	31,800
Children alone.....	2,520	1,033,800	334	132,700	3,111	1,267,600
Children and mother.....	77	44,500	16	9,500	121	68,000
Children and father.....	5	2,500	3	1,900	12	7,200
Children, mother, and father.....	11	7,400	4	2,200	14	9,500
Mother alone.....	6,173	912,300	61	11,800	2,594	480,200
Father alone.....	520	74,400	11	1,300	213	38,800
Mother and father.....	733	103,100	16	3,800	242	46,000
Survivors--total.....	97,261	--	5,284	--	56,372	--
Surviving spouses.....	73,744	--	1,972	--	40,148	--
Children.....	13,560	--	3,080	--	12,004	--
Mothers.....	8,441	--	173	--	3,629	--
Fathers.....	1,516	--	59	--	591	--

(1) Includes 32 from the Spanish-American War, Mexican Border Service, and Civil War periods.

Note: All Numbers and Monthly Values are as of September 1994. Detail may not add to totals due to rounding.

**Table 51 -- Disability: Degree of Impairment and Type of Major Disability  
by Period of Service--September 30, 1994**

Degree of Impairment	Total		Psychiatric and Neurological Diseases		General Medical and Surgical Conditions (1)	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Total -- all periods.....	2,217,908	\$900,658,300	425,537	\$321,521,700	1,792,371	\$579,136,600
Zero percent (statutory award).....	19,164	1,287,800	--	--	19,164	1,287,800
10 percent.....	884,228	77,303,800	113,188	9,855,000	771,040	67,448,800
20 percent.....	361,811	60,248,500	23,820	3,960,600	337,991	56,287,900
30 percent.....	306,574	86,252,900	70,831	19,718,200	235,743	66,534,700
40 percent.....	181,905	73,585,000	26,737	10,735,800	155,168	62,849,200
50 percent.....	107,937	61,645,200	39,853	22,487,600	68,084	39,157,600
60 percent.....	105,854	101,489,400	19,037	16,340,300	86,817	85,149,000
70 percent.....	60,505	71,534,900	22,673	25,770,500	37,832	45,764,400
80 percent.....	36,250	51,303,900	10,560	15,368,600	25,690	35,935,400
90 percent.....	15,928	25,491,600	4,588	7,580,100	11,340	17,911,500
100 percent.....	137,752	290,515,300	94,250	189,705,000	43,502	100,810,300
World War I (2).....	940	459,500	175	126,200	765	333,300
Zero percent (statutory award).....	8	600	--	--	8	600
10 percent.....	201	20,200	23	2,400	178	17,800
20 percent.....	249	49,300	32	6,600	217	42,700
30 percent.....	135	37,500	24	6,900	111	30,700
40 percent.....	78	31,400	10	4,100	68	27,300
50 percent.....	62	35,200	29	16,900	33	18,400
60 percent.....	66	61,000	3	2,100	63	59,000
70 percent.....	29	32,100	11	11,400	18	20,700
80 percent.....	26	35,100	4	4,000	22	31,100
90 percent.....	8	11,200	--	--	8	11,200
100 percent.....	78	145,900	39	71,900	39	74,000
World War II.....	730,724	283,679,300	163,751	98,893,900	566,973	184,785,500
Zero percent (statutory award).....	10,085	677,100	--	--	10,085	677,100
10 percent.....	287,967	25,121,100	54,502	4,744,200	233,465	20,376,900
20 percent.....	106,120	17,653,300	8,568	1,423,500	97,552	16,229,800
30 percent.....	109,246	29,929,900	30,513	8,305,900	78,733	21,624,000
40 percent.....	61,563	24,223,200	10,284	4,016,100	51,279	20,207,100
50 percent.....	39,758	22,263,400	14,705	8,156,900	25,053	14,106,500
60 percent.....	40,141	39,578,900	7,371	6,303,900	32,770	33,275,000
70 percent.....	21,539	25,799,200	7,846	9,451,200	13,693	16,348,000
80 percent.....	13,509	18,484,500	3,661	5,212,200	9,848	13,272,300
90 percent.....	5,325	8,275,600	1,297	2,058,400	4,028	6,217,100
100 percent.....	35,471	71,673,200	25,004	49,221,600	10,467	22,451,600
Korean Conflict.....	194,577	91,198,900	35,001	33,583,100	159,576	57,615,800
Zero percent (statutory award).....	5,646	378,800	--	--	5,646	378,800
10 percent.....	67,516	5,906,800	7,238	630,200	60,278	5,276,600
20 percent.....	28,912	4,814,600	1,476	245,400	27,436	4,569,200
30 percent.....	27,288	7,496,900	4,923	1,346,700	22,365	6,150,100
40 percent.....	16,550	6,584,400	1,997	790,500	14,553	5,793,900
50 percent.....	9,849	5,551,400	3,083	1,717,900	6,766	3,833,500
60 percent.....	11,629	12,081,900	1,863	1,722,000	9,766	10,359,900
70 percent.....	6,513	8,095,300	2,152	2,566,200	4,361	5,529,200
80 percent.....	3,908	5,620,500	1,108	1,641,700	2,800	3,978,900
90 percent.....	1,668	2,655,300	433	707,100	1,235	1,948,200
100 percent.....	15,098	32,012,900	10,728	22,215,400	4,370	9,797,500

See footnotes at end of table.

TABLE 51

## COMPENSATION

Table 51 (continued) -- Disability: Degree of Impairment and Type of Major Disability  
by Period of Service--September 30, 1994

Degree of Impairment	Total		Psychiatric and Neurological Diseases		General Medical and Surgical Conditions (1)	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Vietnam Era.....	693,811	\$324,460,500	140,928	\$123,745,000	552,883	\$200,715,400
Zero percent (statutory award).....	891	60,600	--	--	891	60,600
10 percent.....	247,725	21,664,900	28,247	2,459,700	219,478	19,205,200
20 percent.....	109,723	18,268,500	6,658	1,106,500	103,065	17,161,900
30 percent.....	100,615	29,142,700	22,806	6,555,300	77,809	22,587,400
40 percent.....	63,844	26,432,500	8,860	3,662,200	54,984	22,770,400
50 percent.....	38,165	22,236,600	14,584	8,407,100	23,581	13,829,400
60 percent.....	34,259	31,339,400	6,724	5,676,300	27,535	25,663,100
70 percent.....	22,560	26,418,000	8,626	9,469,900	13,934	16,948,100
80 percent.....	13,394	19,485,200	4,058	6,029,600	9,336	13,455,500
90 percent.....	6,576	10,786,300	2,065	3,517,000	4,511	7,269,300
100 percent.....	56,059	118,626,000	38,300	76,861,400	17,759	41,764,500
Persian Gulf.....	105,616	24,800,100	11,266	4,913,200	94,350	19,886,900
Zero percent (statutory award).....	23	1,600	--	--	23	1,600
10 percent.....	53,588	4,688,100	3,722	324,300	49,866	4,363,800
20 percent.....	23,552	3,925,200	1,567	260,700	21,985	3,664,500
30 percent.....	12,654	3,609,900	2,039	568,100	10,615	3,041,800
40 percent.....	7,193	2,959,200	1,167	473,100	6,026	2,486,100
50 percent.....	2,942	1,711,400	873	492,900	2,069	1,218,500
60 percent.....	2,205	1,683,800	490	363,600	1,715	1,320,300
70 percent.....	858	870,600	302	300,800	556	569,800
80 percent.....	454	587,400	167	217,700	287	369,700
90 percent.....	153	222,000	79	119,100	74	102,900
100 percent.....	1,994	4,540,900	860	1,792,900	1,134	2,748,000
Peacetime (3).....	492,240	176,059,900	74,416	60,260,200	417,824	115,799,800
Zero percent (statutory award).....	2,511	169,100	--	--	2,511	169,100
10 percent.....	227,231	19,902,800	19,456	1,694,300	207,775	18,208,500
20 percent.....	93,255	15,537,500	5,519	917,700	87,736	14,619,800
30 percent.....	56,636	16,036,000	10,526	2,935,300	46,110	13,100,700
40 percent.....	32,677	13,354,200	4,419	1,789,900	28,258	11,564,300
50 percent.....	17,161	9,847,200	6,579	3,695,900	10,582	6,151,300
60 percent.....	17,554	16,744,400	2,586	2,272,500	14,968	14,471,800
70 percent.....	9,006	10,319,800	3,736	3,971,200	5,270	6,348,600
80 percent.....	4,959	7,091,300	1,562	2,263,400	3,397	4,827,900
90 percent.....	2,198	3,541,200	714	1,178,400	1,484	2,362,800
100 percent.....	29,052	63,516,400	19,319	39,541,700	9,733	23,974,700

(1) Includes tuberculosis (lung and pleura).

(2) Includes 13 Mexican Border Service-connected Veterans and excludes 7 Retired Emergency Officers.

(3) Excludes 2 Special Acts.

Note: Includes special monthly compensation, allowance to dependents, unemployables receiving compensation at the 100 percent rate but appearing as less than totally impaired (60%-90%), and other special awards, where applicable. All Numbers and Monthly Values are as of September 1994. Detail may not add to total due to rounding.

Table 52 -- Disability: Type of Major Disability and Pension by Period of Service--September 30, 1994

Type of Disability and Pension	Total		World War I and Earlier (1)		World War II	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	440,787	\$168,256,100	3,375	\$1,590,600	287,534	\$91,778,500
Type of disability						
Psychiatric and neurological diseases.....	117,134	52,723,000	535	329,600	63,499	25,957,100
Psychoses.....	32,381	13,976,100	32	15,400	12,536	4,827,400
Other psychiatric and neurological diseases..	84,753	38,746,900	503	314,200	50,963	21,129,700
General medical and surgical conditions (2).....	244,859	94,837,000	2,295	1,051,500	147,354	45,776,800
Considered permanently and totally disabled at age 65.....	78,794	20,696,100	545	209,500	76,681	20,044,600
Type of pension						
P.L. 95-588.....	377,735	159,662,600	2,609	1,494,300	236,502	84,885,300
Sec. 306.....	62,196	8,521,000	627	85,300	50,424	6,840,700
Old Law.....	856	72,500	139	11,000	608	52,500

Type of Disability and Pension	Korean Conflict		Vietnam era		Persian Gulf	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	97,850	\$44,963,600	51,924	\$29,860,100	104	\$63,300
Type of disability						
Psychiatric and neurological diseases.....	29,583	13,713,300	23,471	12,697,400	46	25,700
Psychoses.....	8,849	3,779,400	10,951	5,346,600	13	7,300
Other psychiatric and neurological diseases..	20,734	9,933,900	12,520	7,350,800	33	18,300
General medical and surgical conditions (2).....	66,872	30,869,800	28,280	17,101,200	58	37,700
Considered permanently and totally disabled at age 65.....	1,395	380,400	173	61,600	--	--
Type of pension						
P.L. 95-588.....	88,371	43,640,900	50,149	29,578,700	104	63,300
Sec. 306.....	9,370	1,313,600	1,775	281,400	--	--
Old Law.....	109	9,000	--	--	--	--

(1) Includes 22 nonservice-connected Mexican Border Service veterans.

(2) Includes tuberculosis (lungs and pleura).

Note: Detail may not add to totals due to rounding.

Table 53 -- Death: Class of Beneficiary by Period of Service--September 30, 1994

Class of Beneficiary	Total		World War I and Earlier (1)		World War II	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	375,678	\$68,131,200	94,849	\$13,454,300	227,294	\$37,724,300
Surviving spouse alone.....	342,972	63,266,400	86,635	12,568,200	209,976	35,418,200
Surviving spouse and children.....	11,078	3,237,300	1,179	359,800	6,026	1,478,700
Children alone.....	21,628	1,627,500	7,035	526,300	11,292	827,400
Dependents--total.....	391,077	--	96,401	--	234,864	--
Surviving spouses.....	354,048	--	87,813	--	216,002	--
Children.....	37,029	--	8,588	--	18,862	--

Class of Beneficiary	Korean Conflict		Vietnam Era		Persian Gulf	
	Number	Monthly Value	Number	Monthly Value	Number	Monthly Value
Cases--total.....	40,896	\$12,692,000	12,611	\$4,251,600	28	\$9,100
Surviving spouse alone.....	37,270	11,948,700	9,076	3,326,300	15	4,900
Surviving spouse and children.....	1,718	597,400	2,144	797,400	11	4,000
Children alone.....	1,908	145,800	1,391	127,800	2	200
Dependents--total.....	43,201	--	16,565	--	46	--
Surviving spouses.....	38,988	--	11,219	--	26	--
Children.....	4,213	--	5,346	--	20	--

(1) Includes the Spanish-American War, Mexican Border Service, Indian wars, and the Civil War periods.

All Number and Monthly Values are as of September 1994. Detail may not add to total due to rounding.





As a national organization of 114 cemeteries, the National Cemetery System reached the milestone of two million graves maintained in January 1994. Rows of headstones at Dayton National Cemetery illustrate the importance of caring for each grave with the dignity and honor befitting a national shrine.



# Cemeteries and Memorials

## National Cemetery System

During FY 1994, National Cemetery System (NCS) experienced the twelfth consecutive annual increase in its interment workload, burying 68,636 veterans and family members in 114 VA national cemeteries. The organization's maintenance workload also increased. In January 1994, NCS passed the 2 million mark for gravesites maintained. On average, NCS used approximately 148 new gravesites daily throughout the year. While the magnitude of the task continues to grow, NCS continues to focus on four basic missions.

- Bury eligible veterans and their family members in national cemeteries, maintaining their graves and the cemeteries as national shrines;
- Expand existing national cemeteries where possible and assist States to open State veterans cemeteries through the State Cemetery Grant Program;
- Provide headstones and markers for the unmarked graves of veterans wherever those graves are located; and
- Provide Presidential Memorial Certificates to next of kin, family, and friends of deceased veterans.

The total number of graves maintained by NCS will increase to 3 million by the year 2010, a 50 percent increase over the 2 million milestone achieved in FY 1994. At the end of FY 1994, 56 VA national cemeteries had exhausted their supply of available gravesites. By the year 2010, annual veteran deaths are expected to peak at 607,000 with projected annual interment to be more than 131,000 in VA national cemeteries. In FY 1994, eligibility for burial in a national cemetery was extended to retired reservists with no active duty and some World War II civilian flight crews.

In FY 1994, NCS' Office of Memorial Programs (OMP) processed 315,383 applications for headstones and markers for placement in national, State, and private

cemeteries around the world. By the year 2010, that number is expected to increase to 395,000.

OMP also administers the Presidential Memorial Certificate Program, which provides a certificate expressing the Nation's grateful recognition of the service of each honorably discharged, deceased veteran. In FY 1994, OMP issued 282,552 certificates; that number is projected to increase to 348,000 by 2010.

These projections led NCS to develop plans to alter, update, and streamline the infrastructures of the National Cemetery System and the way the organization does business. NCS laid the foundation for the changes necessary to fulfill the mission in the near and distant future in FY 1994. Recommendations from the President's National Performance Review, along with the tools and techniques of the total quality movement, served as the building blocks in NCS's foundation for change. The following narrative illustrates where NCS was in FY 1994, where it is going in the future, and how its mission will be fulfilled.

### **Performance Agreement 1 -- SATISFY OUR CUSTOMERS: OUR NATION'S VETERANS**

## Uninterrupted Services

In FY 1994, NCS met the final needs of those buried in national cemeteries with dignity, honor, efficiency, and equity. A measure of NCS' commitment to satisfy its customers was revealed in the response to the severe winter weather of 1993-1994, especially in the Northeast. Frigid temperatures, snow and ice storms brought large sections of the country to a halt. Nonetheless, VA national cemetery staffs worked through the worst of the weather. As an example, on January 17, 1994, the Martin Luther King Holiday, staff at Long Island National Cemetery conducted 17 burials. Jackhammers were used to penetrate frozen ground and a six-inch layer of ice covering the ground. Service to veterans remained the watchword of the National Cemetery System throughout a year of change.

## Volunteers

In FY 1994, NCS saw a steadily increasing use of volunteers, especially from local veterans service organizations, youth groups, and garden clubs. Veteran volunteers financed and administered installation of carillons at Florida National Cemetery and Houston National Cemetery. The bell towers are now located in 27 VA national cemeteries. At the National Memorial Cemetery of the Pacific in Honolulu, HI, VA's most visited cemetery, a guided walking tour was implemented and runs on a day-to-day basis by a veterans service organization. Highlighting the support received from volunteer gardeners, the *National Gardener Magazine* featured the partnership between the Colorado Federation of Garden Clubs and Fort Logan National Cemetery, Denver, CO.

## Compensated Work Therapy Programs

Compensated Work Therapy (CWT) programs began in selected cemeteries throughout the system to the benefit of both the cemetery and the veteran worker.

CWT provides rehabilitative services for veteran patients, especially the homeless. The participants are hired by NCS to perform assigned duties that are consistent with their patient status and have the potential to assist in the patient's recovery. Programs began at many cemeteries, including Bath and Calverton, NY, Wood, WI, Ft. Custer, MI, Bay Pines, FL, Marietta, GA, and Eagle Point, OR. Federal grant program enrollees, inmates from Federal prisons, and donation of community service time from local court systems also contributed to improved service delivery in the national cemeteries.

## Customer Service Standards

An NCS Customer Service Quality Improvement Team (QIT) met on a regular basis throughout FY 1994. Representing cemeteries, area offices, OMP, and VA central office (VACO) components, the cross-functional team addressed the requirements of Executive Order 12862, *Setting Customer Service Standards*, and prepared the first set of NCS's Customer Service Standards. The standards state NCS's commitment to its customers in several key areas: courtesy, compassion, respect, accuracy, reliability, timeliness, convenience, and appearance. Team members have received training as focus group moderators and a plan was developed to validate the standards through focus group sessions with veterans, next of kin, and other customer groups. Other QITs were formed during the

year with cluster groups focusing on various topics: Philadelphia, PA, area focused on topics such as operational procedures, ways to share resources, common training for employees, better ways to achieve the mission of serving veterans, and keeping employees informed; and in the Atlanta, GA, area, the team focused on Problem Resolution and Service Enhancement (PRASE). These groups exchange ideas and offer mutual assistance to meet common challenges throughout their areas.

## Customer Outreach Services

The State Cemetery Grants Program awarded 7 grants in FY 1994 totaling \$4,144,527. The program aids States in establishing, expanding, and improving State owned cemeteries for veterans. It complements the mission of the National Cemetery System and since 1980 has awarded more than \$38 million to 18 States and Guam.

OMP established an incoming 800 telephone line and an Applicant Assistance Division to inform veterans and their next of kin about the status of an order for a headstone or marker and to provide program information. The Division receives an average of 350 calls daily; over 7,000 calls a month. Customers now receive an immediate answer to their inquiries. Headstone and marker application forms were improved and are now consecutively numbered. This facilitates status of order searches and reduces application processing time.

In response to veteran requests, NCS reintroduced the option of upright granite headstones to the already extensive list of marble uprights and flat granite, marble and bronze grave and niche markers to mark veterans' graves and columbaria in private and State cemeteries. In FY 1941, the War Department approved the use of granite headstones in private cemeteries but discontinued their use in 1947 because of low demand and high costs. The increased choice, in effect, makes this benefit available to more veterans.

The popular NCS video, *A Sacred Trust*, was updated and condensed by VACO staff and distributed to cemetery directors for use in their outreach to veterans. A new, closed captioning feature for the hearing impaired was added to each tape.

Staff in the Atlanta, GA, area cemeteries began video taping committal services for use by family and friends who could not attend services. Employees in the Denver, CO, area received grief and loss training, increasing sensitivity to the emotional state of grieving family members.

## **Performance Agreement 2 -- BECOMING AN EMPLOYER OF CHOICE**

### **Training**

To promote a workplace free from sexual harassment, NCS provided training for all of its employees throughout the Nation. NCS also provided training in "Workplace Diversity" to VACO employees to make them more conscious and appreciative of cultural and racial diversity in the workplace.

NCS, in partnership with union representatives, designed a modular concept for use throughout OMP. Rather than training employees to repetitively perform discrete tasks necessary to process an application, OMP designed teams of employees charged with completing the process for individual applications. While the focus is on the needs of the customer, not the needs of those who provide the service, the modular concept of organization empowers employees to make decisions independently. This provides an avenue through which each employee may reach their fullest potential while serving veterans and their families more effectively.

NCS leadership continually encouraged and supported employee participation in management development training, leadership courses, and other employee growth programs. During FY 1994, most field and headquarters personnel received training in the use of Microsoft Office products. All field employees received full indoctrination into the use of the new NCS Burial Operations Support System (BOSS). Employee groups were asked to address continuing challenges such as interment scheduling, turf management, safety concerns, and communications and renovation projects.

An Executive Quality Council of senior managers provided sponsorship, information, and assistance in these team building efforts as well as other activities aligned with NCS' commitment to total quality principles and practices. Communication between NCS elements, as well as team building, was enhanced through the use of "AdVances" (conferences and meetings) held in VACO and in the field. A quality improvement library of videos and professional books was established. This material is available to all NCS employees for team training and staff or personal development.

## **Performance Agreement 3 -- INTRODUCE MAJOR SERVICE IMPROVEMENTS**

### **New Cemetery Development**

In FY 1994, VA acquired large tracts of land for new cemeteries to be constructed at Albany, NY, Dallas, TX,

and Seattle, WA, to provide adequate burial space for veterans in the peak years of need between now and 2010. VA purchased a 106-acre parcel of land in the Town of Saratoga, NY, for the new national cemetery in New York's Capital Region. The land closing took place on July 30, 1994. The parcel is located less than one mile from the Saratoga National Historical Park, which preserves the site of the pivotal 1777 Battle of Saratoga in the Revolutionary War and approximately 25 miles north of Albany, NY. The cemetery will serve more than 350,000 veterans and their families.

In August 1994, VA acquired a site in Dallas, TX, known as Mountain Creek from the Resolution Trust Corporation. The 638-acre parcel in Dallas County is located at approximately the midway point between Dallas and Ft. Worth. More than 500,000 veterans and their families in the region will be served by the facility.

On Veterans Day, November 11, 1993, VA announced the purchase of a 160-acre parcel of land near the town of Maple Valley, WA, for a new national cemetery for nearly 500,000 veterans and their families in the Puget Sound area. A symbolic land transfer ceremony took place on November 11, 1993, in Olympia, the State capital. Known as the Tahoma site, the King County parcel is located 25 miles south of downtown Seattle, WA, and 20 miles north of Tacoma, WA. In FY 1994, VA also awarded a contract to prepare a master plan for the cemetery to a local architectural and engineering firm.

### **Cemetery Improvement Projects**

Major improvement projects also occurred at several of NCS' most active facilities. At Calverton National Cemetery, 60 miles east of New York City on Long Island, the busiest cemetery in the system, NCS completed a project that added 90,000 gravesites. A contractor completed the bulk of the work for Phase IV development at Riverside National Cemetery near Los Angeles in FY 1994, adding more than 60,000 gravesites and other improvements. VA completed construction of a 7,200-gravesite expansion project at Ft. Sam Houston National Cemetery, San Antonio, TX. Construction documents were prepared for a 30,000-gravesite development project at Willamette National Cemetery, Portland, OR. Also, VA completed design development for a gravesite expansion project at Houston, TX, National Cemetery that will add approximately 20,000 new gravesites to the facility.

In addition, VA obligated \$11.9 million in minor construction projects throughout the system. These vital projects include developing gravesites, improving roads and water distribution systems, and accomplishing necessary improvements to administration buildings and maintenance facilities throughout the system. The FY 1994 record reflected an extremely high percentage of available funds obligated for construction and maintenance work. New tracts of land were acquired for cemeteries at Fort Gibson, OK, Fort Scott, KS, and

Port Hudson National Cemetery, Zachary, LA, allowing them to remain open into the next century.

## Technological Improvements

The NCS Burial Operations Support System (BOSS) came on-line nationwide in FY 1994. BOSS is an automated system that will process information associated with the more than 68,000 burials conducted each year in NCS. Although installation and training had been completed at all sites, not all were operational at the end of the fiscal year. BOSS is the base system in an overall plan to integrate three data processing systems throughout NCS. The integration of BOSS, Automated Monument Application System (AMAS), and Management and Decision Support System (MADSS) was tested in prototype form and the feasibility of the combined operation of these systems was proven in FY 1994. Full implementation of all three programs at all sites will occur in the first quarter of FY 1995.

The re-engineering of AMAS began in FY 1994 to create a more effective and efficient system for delivery of benefits. AMAS is being redesigned around the new modular organizational concept in OMP. This redesign and automation of cemetery data entry are expected to be completed by the end of FY 1995. MADSS is also

incorporated into this multi-system processing plan. MADSS is NCS' automated system for collecting and monitoring cemetery workload and personnel data.

In FY 1994, NCS direct delivery of the "Notice of Death" to the Veterans Benefits Administration on a daily basis was automated. This means faster processing and adjustment of benefits. Overpayment avoidance will amount to more than \$2 million per year.

In FY 1994, NCS awarded a contract for a document conversion system to convert 2.1 million Records of Interment into indexed images. These records, many of them handwritten, date back to the Civil War. This system, combined with all new interment records being entered into BOSS, will form the first automated nationwide grave locator system in the history of NCS.

Technological changes assisted NCS to work smarter and faster. Customer-oriented improvements such as the development of customer service standards and modular service teams focused attention on the needs of veterans and their families. Solid achievements in construction and land acquisition extended service at existing cemeteries and moved closer to the goal of introducing NCS services into new regions of the country. These developments dramatized NCS' drive to "Put Veterans First" in FY 1994.



TABLE 54

## CEMETERIES AND MEMORIALS

Table 54 -- National Cemeteries Location, Interments, and Status of Gravesites  
September 30, 1994

National Cemetery	FY 1994 Interments	Gravesites			Available Sites		Close-out Date (Fiscal Year) (4)
		Used Cumulative (1)	Reserved	Set-Aside (Adjacent)	Cremains (2)	Casket (3)	
Total.....	68,636	2,039,379	46,538	40,947	47,852	229,918	--
Alabama: Ft. Mitchell.....	322	1,680	--	--	467	3,972	2030+
Mobile.....	11	3,722	195	--	48	2	Closed/1963
Alaska: Ft. Richardson.....	164	2,361	--	--	137	614	2030+
Sitka.....	12	797	1	--	51	254	2030+
Arizona: NMCA.....	1,777	16,262	5	--	3,274	4,850	2030+
Prescott.....	9	2,966	--	--	--	--	Closed/1974
Arkansas: Fayetteville.....	144	4,645	45	--	158	56	2014
Ft. Smith.....	316	8,018	140	--	21	563	2015
Little Rock.....	424	20,145	195	--	164	868	1997
California: Ft. Rosecrans.....	1,604	54,608	1,445	--	146	1	Closed/1966
Golden Gate.....	1,837	109,015	5,162	--	682	392	Closed/1967
Los Angeles.....	175	75,330	--	--	3	--	Closed/1976
Riverside.....	6,261	73,237	--	5,797	693	3,376	2011
San Francisco.....	108	26,300	378	--	--	--	Closed/1962
San Joaquin Valley.....	1,280	2,556	--	--	2,385	16,604	2030+
Colorado: Ft. Logan.....	2,413	45,910	523	--	2,152	11,002	2023
Ft. Lyon.....	50	1,435	--	--	28	668	2030+
Florida: Barrancas.....	789	19,975	444	1,040	114	4,838	2004
Bay Pines.....	889	11,653	--	925	544	--	Closed/1987
Florida.....	3,642	15,097	--	--	6,042	5,115	2020
St. Augustine.....	--	1,226	13	--	10	1	Closed/1949
Georgia: Marietta.....	127	16,815	280	--	146	9	Closed/1978
Hawaii: NMCP.....	652	35,152	552	--	3,406	1	Closed/1991
Illinois: Alton.....	--	510	30	--	9	1	Closed/1961
Camp Butler.....	466	12,361	205	--	404	2,997	2003
Danville.....	159	7,701	--	--	175	7,383	2030+
Mound City.....	54	7,239	49	--	66	1,003	2014
Quincy.....	3	556	1	--	34	--	Closed/1994
Rock Island.....	509	15,522	144	988	88	253	2008
Indiana: Crown Hill.....	--	795	--	--	--	--	Closed/1959
Marion.....	162	6,135	--	--	53	323	2020
New Albany.....	33	6,014	103	--	108	--	Closed/1991
Iowa: Keokuk.....	91	3,277	32	--	189	2,011	2030+
Kansas: Ft. Leavenworth.....	121	18,906	418	5	1,300	16	Closed/1982
Ft. Scott.....	102	3,750	58	118	12	1,649	2030+
Leavenworth.....	728	21,088	--	--	695	1,102	2015
Kentucky: Camp Nelson.....	244	8,314	50	--	13	915	2027
Cave Hill.....	1	5,653	3	--	12	--	Closed/1939
Danville.....	--	393	1	--	--	--	Closed/1952
Lebanon.....	133	2,511	21	--	45	717	2008
Lexington.....	--	1,389	--	--	--	--	Closed/1932
Mill Springs.....	41	2,176	21	--	45	431	2030+
Zachary Taylor.....	134	10,899	536	--	3	--	Closed/1989
Louisiana: Alexandria.....	143	7,682	108	--	48	7	1995
Baton Rouge.....	10	5,067	23	--	265	2	Closed/1960
Port Hudson.....	62	8,133	23	--	68	--	Closed/1992
Maine: Togus.....	--	5,371	--	--	--	--	Closed/1961
Maryland: Annapolis.....	1	2,937	20	--	14	--	Closed/1961
Baltimore.....	270	35,338	2,288	--	496	33	Closed/1970
Loudon Park.....	--	6,496	--	--	--	--	Closed/1970
Massachusetts: Massachusetts.....	1,708	15,519	--	2,896	553	427	2030+
Michigan: Ft. Custer.....	929	7,149	16	843	317	3,347	2030+
Minnesota: Ft. Snelling.....	4,009	108,400	9,325	3,652	1,215	17,171	2025
Mississippi: Biloxi.....	568	7,558	460	610	395	4,442	2004
Corinth.....	24	6,572	14	--	37	6,893	2030+
Natchez.....	80	5,648	25	--	40	283	1998
Missouri: Jefferson Barracks.....	3,753	95,094	1,313	--	38	9,290	1998
Jefferson City.....	7	1,614	36	--	7	1	Closed/1969
Springfield.....	389	10,645	125	--	227	185	1997

See footnotes at end of table.



Table 54 (continued) -- National Cemeteries Location, Interments, and Status of Gravesites  
September 30, 1994

National Cemetery	FY 1994 Interments	Gravesites			Available Sites		Close-out Date (Fiscal Year) (4)
		Used Cumulative (1)	Reserved	Set-Aside (Adjacent)	Cremains (2)	Casket (3)	
Nebraska: Ft. McPherson.....	169	5,092	48	--	268	587	2019
New Jersey: Beverly.....	396	39,157	2,574	--	28	--	Closed/1966
Finn's Point.....	5	2,738	--	--	116	--	Closed/1963
New Mexico: Ft. Bayard.....	96	2,526	--	--	46	2,167	2030+
Santa Fe.....	1,128	21,932	299	--	368	701	2000
New York: Bath.....	195	10,694	--	--	429	3,936	2019
Calverton.....	7,245	100,873	--	21,968	3,307	6,516	2024
Cypress Hills.....	12	18,586	49	--	48	2	Closed/1954
Long Island.....	2,399	238,836	10,123	--	4,877	--	Closed/1978
Woodlawn.....	107	6,923	145	--	250	621	2000
North Carolina: New Bern.....	55	6,712	72	--	5	1	Closed/1992
Raleigh.....	72	5,166	63	161	4	8	Closed/1990
Salisbury.....	312	16,447	47	--	19	910	2000
Wilmington.....	54	5,115	44	--	11	--	Closed/1983
Ohio: Dayton.....	726	31,967	1	--	274	1,834	2012
Oklahoma: Ft. Gibson.....	407	11,169	68	--	20	378	2030+
Oregon: Eagle Point.....	466	5,116	--	--	1,578	2,442	2030+
Roseburg.....	9	2,424	--	--	1	--	Closed/1981
Willamette.....	3,127	78,853	1,456	--	1,053	3,919	2017
Pennsylvania: Indiantown Gap.....	1,224	9,118	--	--	720	3,722	2030+
Philadelphia.....	33	10,462	29	--	131	--	Closed/1962
Puerto Rico: Puerto Rico.....	1,324	23,813	1,026	1	804	8,354	2026
South Carolina: Beaufort.....	291	13,838	139	--	28	2,866	2011
Florence.....	166	5,936	44	--	29	432	1997
South Dakota: Black Hills.....	502	10,741	312	--	377	1,728	2030+
Ft. Meade.....	--	188	--	--	--	--	Closed/1948
Hot Springs.....	--	1,481	--	--	--	1	Closed/1964
Tennessee: Chattanooga.....	771	30,041	335	--	282	12,756	2017
Knoxville.....	32	8,157	126	--	110	3	Closed/1990
Memphis.....	230	36,098	382	--	390	1	Closed/1992
Mountain Home.....	249	8,505	--	--	11	1,422	2030+
Nashville.....	169	30,732	305	994	48	--	Closed/1993
Texas: Ft. Bliss.....	1,073	25,253	965	1	810	8,375	2003
Ft. Sam Houston.....	3,023	63,795	2,363	--	118	1,494	1997
Houston.....	2,059	30,929	29	--	62	3,596	2030+
Kerrville.....	--	460	--	--	--	--	Closed/1957
San Antonio.....	1	3,010	23	--	24	293	Closed/1961
Virginia: Alexandria.....	2	4,071	22	--	79	--	Closed/1967
Balls Bluff.....	--	25	--	--	--	--	Closed/1889
City Point.....	12	5,538	60	--	--	--	Closed/1971
Cold Harbor.....	1	972	--	--	11	--	Closed/1970
Culpeper.....	213	6,691	11	--	7	2,000	2008
Danville.....	2	2,160	20	--	26	1	Closed/1970
Ft. Harrison.....	5	1,111	2	--	44	--	Closed/1967
Glendale.....	3	1,301	--	--	21	--	Closed/1970
Hampton (VAMC)...	--	22	--	--	--	--	Closed/1899
Hampton.....	198	24,976	314	948	--	2	Closed/1993
Quantico.....	954	7,484	--	--	3,164	42,290	2030+
Richmond.....	13	7,359	151	--	66	--	Closed/1963
Seven Pines.....	3	1,137	--	--	5	--	Closed/1964
Staunton.....	2	848	4	--	4	--	Closed/1983
Winchester.....	18	5,118	26	--	46	1	Closed/1969
West Virginia: Grafton.....	2	2,095	35	--	--	1	Closed/1961
West Virginia.....	156	740	--	--	--	1,706	2030+
Wisconsin: Wood.....	985	31,531	--	--	91	784	1996

(1) Includes all types of gravesites including columbaria niches.

(2) In-ground sites suitable for cremated remains and columbaria niches.

(3) Gravesites available excluding reserved and adjacent set-aside gravesites and potential gravesites in undeveloped acreage.

(4) Cemeteries indicated as closed may continue to inter eligible family members in already occupied gravesites, previously reserved gravesites, and in gravesites suitable for cremated remains.

Note: Data calculation includes potential sites in undeveloped acreage.



This new VAMC in West Palm Beach, FL, will be completed and dedicated in June 1995. It will serve approximately 250,000 veterans in the southern Florida area.

# Administration and Management

## Office of the Inspector General

The Inspector General is responsible for (1) conducting and supervising audits, investigations, and inspections; (2) recommending policies designed to promote economy and efficiency in the administration of, and to prevent and detect fraud and abuse in, the programs and operations of the Department; and (3) keeping the Secretary and the Congress fully informed about problems and deficiencies in VA programs and operations and the need for corrective action. (*Inspector General Act of 1978*, as amended.)

The Office of Inspector General (OIG) has achieved significant statistical results in FY 1994 as shown on the following chart:

**OIG Statistical Highlights**

Item	FY 1994
Audit Activities	
Reports Issued .....	260
Funds Put to Better Use (millions) .....	387
Investigative Activities	
Cases Closed .....	357
Convictions .....	124
Dollar Recoveries (millions) .....	6
Administrative Sanctions .....	172
Inspection Activities	
Reports Issued .....	30
Hotline Activities	
Cases Closed .....	839
Administrative Sanctions .....	121

## Audit

In response to the National Performance Review, the Office of Audit instituted a series of broad-scope evaluations of VA programs and systems to identify opportunities for improvements. In FY 1994, the focus of the Office centered on health care delivery including veterans' access, clinical programs, resource utilization, fee basis programs, and VA's affiliations with medical schools. Within VA benefits programs, the Office focused on claims processing to include award timeliness, medical examinations, and appeals processing. In addition, significant acquisition reviews

were made of selected VACO contracts and supply depot inventory controls. The Office continued its efforts on the adequacy of VA's financial management system in providing managers information needed to efficiently and effectively manage and safeguard VA's assets and resources.

Examples of highly successful completed projects are:

- (1) An audit of VHA's surgical program resulted in recommendations that VHA revise reporting processes and monitoring controls to enable officials to effectively administer surgical programs, adjust staffing, and more accurately plan for future surgical construction.
- (2) An audit of VBA's Stage I Modernization resulted in recommendations to strengthen future VA contracting actions involving program procurements by ensuring that contracting officials adequately determine price reasonableness, pricing analysis reviews are adequately supported, and key contracting actions are appropriately supported with adequate documentation.
- (3) An audit of VA's Consolidated Financial Statements for FY 1993 and FY 1992 concluded that progress has been made toward completed implementation of the organizational structure necessary to accomplish the goals of the *Chief Financial Officers (CFO) Act of 1990*; however, more needs to be done -- CFO structure should be fully implemented; accounting systems need to be modernized; and accounting for property, plant and equipment, and medical receivables has to be improved.

## Investigations

The Office of Investigations continued to devote a significant portion of its resources to reactive investigative issues involving the integrity of health care professionals, other VA employees, and procurement fraud. Investigative resources also were provided to support ongoing Department of Justice Health Care

Fraud Task Forces nationwide and the investigation of large dollar loan guarantee fraud.

Examples of highly successful completed investigations are:

- (1) An investigation uncovered that a firm had submitted fraudulent billings and false surety bond information in connection with the firm's VA contract to replace a roof at the VA Supply Depot Hines, IL. The loss to VA was approximately \$0.5 million. The responsible owners and employees were sentenced to multi-year prison terms and restitution.
- (2) An investigation disclosed that two VA contractors had conspired to allocate territories and customers for the sales and servicing of audiometric equipment. Audiometric equipment is used to test and calibrate human hearing acuity and to perform other diagnostic functions at medical institutions, schools, and clinics. The investigation revealed that in order to carry out the conspiracy, the defendants submitted intentionally high bids, refrained from bidding, and exchanged pricing information among themselves. The firms and several principals were fined and the individuals received prison or probation terms.
- (3) An investigation disclosed that a senior attorney with the Board of Veterans Appeals had mutilated and destroyed documents in veterans' claims folders. The employee resigned from Federal service and pleaded guilty to a criminal charge in Federal court.
- (4) A joint investigation with the Department of Housing and Urban Development (HUD), Office of Inspector General, disclosed that a real estate broker in the Chicago area assisted numerous home buyers to fraudulently obtain VA guaranteed and HUD insured mortgage loans. The subsequent defaults on the fraudulently obtained mortgages resulted in losses of approximately \$200,000 to VA and HUD. The broker has pleaded guilty to a charge of mail fraud.
- (5) Five persons were convicted as a result of the investigation of the theft of large quantities of high-priced pharmaceuticals from one medical center. Included among those convicted was a local "fence" that purchased the stolen drugs from VA employees.

## Healthcare Inspections

The Office of Healthcare Inspections (OHI) conducted programmatic evaluations of quality assurance and patient care issues in VHA's major medical treatment programs. Recommendations were made to improve the use of scarce medical resources, enhance access to

care, and improve the quality of care for eligible veterans. OHI's inspections and program evaluations included assessments of (1) the availability and adequacy of VA treatment facilities and programs for women veterans, (2) the adequacy and effectiveness of VHA's ambulatory care programs, (3) the adequacy and effectiveness of VHA's domiciliary care programs, and (4) the Department's response to health care issues presented by veterans who returned from the Persian Gulf War. In addition, OHI staff conducted inspections of the quality of care provided to individual veteran patients. Most of these inspections were requested by the Congress, the Secretary, individual veterans, or family members of veterans who received care in VA facilities.

## Hotline and Special Inquiries

The OIG Hotline was created in 1979 so that employees and veterans who encountered fraud, waste, or abuse in VA could be assured that something would be done about it. Since that time, the Hotline has experienced a steady increase in contacts, which culminated with the publication of the Hotline number in major newspapers across the country as part of the National Performance Review. During FY 1994, the OIG has dedicated more resources to the Hotline and implemented ways to keep those individuals who contact the Hotline informed on the impact of their call or letter. Among OIG's goals are better customer service and improved customer confidence in the change that can result from a Hotline call. Over 800 Hotline cases were closed in FY 1994 with 29 percent resulting in corrective action. In addition to the cases investigated, Hotline analysts assist veterans and their families by making courtesy calls to VA facilities to attempt to resolve difficulties and by referring inquiries to other VA organizations where appropriate.

The Special Inquiries staff has acted on requests from the House and Senate Committees on Veterans Affairs concerning issues of misconduct and mismanagement. In addition, the Special Inquiries Division continues to be responsive to complaints of reprisal for whistle-blowing made by Title 38 employees not covered under the *Whistle-blower Protection Act of 1989*. The OIG has an obligation to VA employees, especially those with no other avenue for redress, to ensure that they are not reprisal against for reporting violations of law, rule, or regulation. During FY 1994, the OIG conducted a preliminary inquiry into the merits of every reprisal for whistle-blowing complaint involving a Title 38 employee.

## Contract Review and Evaluation

Under an agreement in FY 1993 with VA officials, Contract Review and Evaluation Division auditors conduct drug pricing reviews to determine if pharmaceutical manufacturers have appropriately implemented pricing provisions contained in the *Veterans Health Care Act of 1992* (Public Law 102-585).



The Division auditors also conduct preaward reviews and postaward audits under VA's Federal Supply Schedule program to assist VA contracting officers in ensuring that negotiated prices are fair and reasonable and to recover overcharges where contracts are defectively priced.

In FY 1994, postaward audits and drug pricing reviews have resulted in VA recovering \$9.8 million from contractors. These recoveries reflect VA working as a team with Acquisition and Materiel Management personnel, Office of General Counsel attorneys, and the Office of Inspector General. Several contractors voluntarily have disclosed that they owe VA monies related to contract overcharges. Audits either have been conducted to confirm the overcharges and determine whether monies were recovered or are in process.

## Office of the General Counsel

The General Counsel serves as the chief legal officer of the Department on all matters of law, litigation, and legislation. The Office of General Counsel (OGC) interprets all laws pertaining to VA and provides necessary legal services.

## Medical Care Issues

OGC was active in the Department's efforts to plan for health care reform. OGC reviewed and analyzed health care reform legislation and consulted with OMB and Congress on how the legislation could best accommodate the needs of veterans and the Department. Through VA District Counsels, OGC attempted to persuade State legislatures to permit full participation in State health care reform by veterans and the Department.

During FY 1994, OGC worked on numerous legislative initiatives to enhance VA authority to assist homeless veterans and participated in the Secretary's Homeless Summit. OGC also worked on many issues relating to efforts to improve VA's ability to care for Persian Gulf War veterans.

OGC also provided counsel and advice to the Veterans Health Administration and its facilities on legal options for providing continued high quality care while achieving National Performance Review objectives.

Other areas in which OGC provided significant legal assistance were biomedical ethics, women's health issues, the use of volunteers in VA facilities, and improvement of services provided to veterans and employees by the Veterans Canteen Service.

## Home Loan Guaranty Issues

In January 1994, the United States District Court for the District of Minnesota ruled that the VA's procedures for

notifying veterans about pending foreclosures of VA guaranteed loans satisfy the constitutional requirements for due process (*Vail v. Brown*). This class action challenged the validity of VA indemnity debts following the nonjudicial foreclosure of VA guaranteed loans in Minnesota. The United States Court of Appeals for the Eighth Circuit upheld the validity of the VA regulation establishing these debts in 1991. The court held that VA could establish and collect these debts provided "VA has made a good faith effort to provide reasonable personal notice to the veteran prior to the foreclosure sale." The attorney for the class of veterans then asked the court to hold that VA did not provide legally adequate notice to any veteran. The court ruled, however, that VA's form letters provided constitutionally sufficient notice. VA will be making refunds to a limited number of Minnesota veterans from whom VA collected money where a review of the file shows VA failed to follow its own procedures.

## Court of Veterans Appeals

OGC continued to directly represent the Secretary in all cases litigated in the United States Court of Veterans Appeals (CVA). The Court docketed approximately 1,300 new cases in FY 1994, including appeals from decisions of the Board of Veterans' Appeals, petitions for extraordinary relief, and applications for payment of attorney fees and costs under the *Equal Access to Justice Act*.

Pursuant to Secretarial delegation, OGC continued to settle appropriate cases, thereby conserving both VA and Court resources. In addition to entering joint motions for remand with appellants in cases where additional adjudicative actions are necessary in order to resolve issues presented in appeals, OGC concluded litigation through direct settlement in over 50 cases during FY 1994.

Cooperation with the Veterans Consortium Pro Bono Program, an organization funded by Congress to assist the Court in placing unrepresented appellants with qualified attorneys, continued. Appellants are better able to articulate their case to the Court when they have counsel assisting them. OGC provides facilities and support services for Consortium case reviewers. Nearly 200 appellants were offered attorney representation in FY 1994.

## Veterans Benefits

OGC worked closely with the Department of Justice in defending the Secretary's decisions concerning the creation of presumptions of service connection for certain diseases suspected of being linked to exposure to Agent Orange or other herbicides. In March 1994, four VA benefit claimants filed a petition in the United States Court of Appeals for the Federal Circuit in *LeFevre v. Brown*, No. 94-7050, seeking review of the Secretary's decision not to establish presumptions of



service connection for prostate cancer, hepatobiliary cancers, and nasal/nasopharyngeal cancers in veterans who were exposed to herbicides during service in Vietnam. The decision was challenged pursuant to the *Agent Orange Act of 1991*, which directed the Secretary to determine whether the current medical and scientific evidence indicated a "positive association" between exposure to herbicides and the incurrence of disease in humans. The Act further directed the Secretary to establish a regulatory presumption of service connection for each disease which showed a positive association. The Secretary has established presumptions of service connection for seven such diseases.

OGC also supports the Department of Justice in representing the Secretary in appeals from decisions of the CVA to the United States Court of Appeals for the Federal Circuit and in cases taken to the U.S. Supreme Court. OGC attorneys undertake major responsibility in brief writing and in preparing Department of Justice lawyers for oral arguments before those courts. A significant decision rendered by the Federal Circuit Court was in agreement with the Secretary that VA regulations permitting review of previous final adjudicative decisions on the basis of alleged clear and unmistakable error, apply only to regional office determinations and not to the Board of Veterans' Appeals. Also, another significant decision was that VA's regulatory list of disorders, which may be presumed service-connected based upon exposure in service to ionizing radiation, did not preclude a veteran from attempting to prove service connection without resort to the presumption.

In another major case, the Supreme Court has agreed to review a Federal Circuit decision, which had affirmed a CVA ruling invalidating a long-standing VA interpretation of 38 U.S.C. § 1151. The issue there is whether this statute authorizes compensation for disabilities related to VA medical care in cases where such disabilities resulted from appropriately delivered treatment.

## **Personnel, Labor Relations, Ethics, and Miscellaneous Issues**

OGC has been actively involved in working with the Veterans Affairs National Partnership Council (Council) to cooperatively address a myriad of labor management issues. With the promulgation of *Executive Order 12871*, which broadened the scope of representation functions that may now be performed by union officials under Title 5 U.S.C., President Clinton directed all executive agencies to develop partnerships with employees' unions and to cooperatively bargain with them on the methods, means, and technology of performing work and the number, types, and grades of employees assigned to work in units or shifts. The Council is comprised of one representative from OGC, three from Veterans Health Administration (VHA), three from Veterans Benefits Administration (VBA), two from

National Cemetery System (NCS), one from Human Resources and Administration, and representatives from the National Federation of Federal Employees (NFFE), the National Association of Government Employees, Service Employees International Union, the American Nurses Association, and the American Federation of Government Employees (AFGE).

OGC represented the Department in resolving cases brought under the *Fair Labor Standards Act* for failure to correctly classify employees as nonexempt under the Act and thus pay time-and-a-half to employees covered under the Act. Using guidance from the Office of Personnel Management, VA classified employees in the VBA and VHA as covered or exempt from the application of the Act. Based upon recent litigation, VA recognized that the advice may have been erroneous, adversely affecting employees who were misclassified. Discussions with the affected unions, (NFFE and AFGE), concerning reclassifications, back pay, and related grievances have been settled. With respect to VBA employees, grievances filed on behalf of VHA employees by AFGE are still being discussed.

The OGC ethics staff completed the implementation of recent reforms in standards of conduct and financial disclosure law. Efforts to increase awareness of the reforms led to improvements in the timeliness and completeness of employees' compliance with these disclosure laws. About 10,000 employees received ethics training. Reports from management officials that employees have become more familiar with ethics rules reflected favorably on training activities. VACO ethics staff initiated a program of visiting VA District Counsels to review the quality of their ethics programs and to conduct training.

## **Board of Veterans' Appeals**

The Board of Veterans' Appeals (BVA or the Board) was established under 38 U.S.C., ch. 71, to render the final decision for the Secretary on all appeals for entitlement to benefits administered by the Department of Veterans Affairs. BVA is also responsible for deciding matters concerning fees charged by attorneys and agents for representation before the Department under 38 U.S.C. § 5904. The Board's mission is to decide cases on a timely and consistent basis and to issue quality decisions in compliance with the requirements of the law, including the precedential decisions of the United States Court of Veterans Appeals (the Court). The Board is administered and supervised by its Chairman who is appointed by the President of the United States and confirmed by the Senate and is directly responsible to the Secretary of Veterans Affairs. The Vice Chairman, Deputy Vice Chairman, and other members of the Board are appointed by the Secretary. Each of these appointments is approved by the President. The Board also includes staff counsel and administrative personnel.

On July 1, 1994, the *Board of Veterans' Appeals Administrative Procedures Improvement Act of 1994*,

Public Law 103-271, was enacted. This law has three primary effects on the Board: (1) it permits decisions to be made by individual Board members rather than by three-member panels; (2) it removes the statutory limit on the number of Board members, which was formerly fixed at 66 plus the Chairman; and (3) it authorizes the Board to offer veterans the option of video and/or teleconferenced hearings. This legislation, one of the most significant laws affecting the operation of the Board during its 61-year history, is fundamentally changing BVA's internal operations.

During FY 1994, BVA produced a total of 22,045 decisions. The chart illustrates the continued decrease in annual appellate decisions. (See Chart 1.)

**Chart 1. Annual Appellate Decisions**

Fiscal Year	Appellate Decisions
1991	45,308
1992	33,483
1993	26,400
1994	22,045

Because of the rapid changes and significant increase in complexity in the area of veterans' law, BVA decisions take longer to prepare as compared with the past. VA's "duty to assist" the claimant under 38 U.S.C. § 5907 and the immediate applicability of Court decisions to all other cases in the process of adjudicative or appellate review have forced the return of a higher percentage of cases to VA regional offices (VAROs) for re-evaluation and re-adjudication. (See Chart 2.)

**Chart 2. Percentage of VBA Remands**

Fiscal Year	Remands
1991	29.7%
1992	50.5%
1993	44.0%
1994	48.3%

The accompanying chart shows the disposition of the Board's FY 1994 decisions by category of appeal. (See Chart 3.)

**Chart 3. Disposition of Appellate Decisions by Category of Appeal (By Percentage)<sup>1</sup>**

Appellate Category	Total	Allowed	Remanded	Denied	Other
Disability compensation .....	18,380	18.5	49.2	27.1	5.2
Disability pension .....	963	8.3	55.3	24.9	11.5
Medical .....	278	11.9	33.4	37.1	17.6
Insurance .....	29	0.0	31.0	62.1	6.9
Death .....	1,094	10.3	38.0	40.3	11.4
Training .....	240	2.9	45.4	37.9	13.8
Waivers .....	409	17.1	49.2	25.4	8.3
Loan guaranty .....	210	30.0	36.2	32.4	1.4
Reconsiderations .....	197	34.5	37.6	24.9	3.0
Character of Discharge ..	34	5.9	38.2	47.1	8.8
Miscellaneous .....	211	15.2	32.7	40.3	11.8
Totals .....	22,045	17.5	48.3	28.1	6.1

<sup>1</sup>Row percentages reflect the distribution of the dispositions per appellate category.

During the first 7 months of FY 1994, 2,685 personal hearings were held, 1,996 at VAROs, and 689 in Washington, DC. In general, it is preferable to hold a personal hearing at a time proximate to that when the Board reviews the associated case. The growing increase in response time has resulted in an unacceptably long interval between most hearings and the Board's review of the associated case. In some cases, information obtained at a hearing has become stale or of otherwise limited utility. For these reasons, the scheduling of personal hearings was suspended from May 1 through the end of FY 1994. The Board will resume conducting hearings on a limited basis in Washington, DC, in FY 1995. Field hearings will not resume until calendar year 1995. It is the Board's goal to conduct a hearing 30 to 60 days prior to when an appeal will be ready for Board member review based on the appeal's docket number order.

In cases in which a formal hearing is not practicable, written argument may be submitted to the Board by the appellant or the appellant's representative. These written briefs on appeal are filed primarily by representatives affiliated with veterans service organizations (VSOs). For decisions entered in FY 1994, 87.0 percent (87.1 percent in FY 1993) had representation by one of the accredited VSOs, 4.0 percent (3.1 percent in FY 1993) had representation by an attorney or agent, and 9.0 percent (9.8 percent in FY 1993) had no representation.

Decisions of the Court of Veterans Appeals require that the Board base its determinations on medical and other material evidence in the record, rather than on the expertise of the Board member rendering the decision. In July 1994, in response to issues raised by the Court regarding the use of medical opinions provided by BVA medical advisors, the Board ceased requesting advisory opinions from its staff medical experts as it had done in the past. The Board continues to seek advisory medical opinions from VA sources, including the Under Secretary for Health, as well as from the Armed Forces Institute of Pathology and independent medical experts, who usually serve on the faculties of leading medical schools. In FY 1994, the Board requested 159 opinions from independent medical experts under 38 U.S.C. § 7109. (180 such opinions were requested in FY 1993.) The following chart shows the medical specialties covered by these opinions. (See Chart 4.)

BVA's most commonly used timeliness measure for processing appeals is "response time" -- the time it will take to issue a decision for a new appeal entering the system. Response time continues to be degraded by the impact of changes in the law; evidentiary development, as required by the Department's "duty to assist" the claimant; compliance with Court directives; procurement of medical opinions and increased medical research by the Board and its staff; and requirements of more formal Rules of Practice.

**Chart 4. Medical Opinions Requested from Experts External to VA**

Medical Specialty	Number of Advisory Opinions Requested	
	FY 1993	FY 1994
All Specialties: .....	180	159
Number requested for		
Appellate consideration .....	169	150
Reconsideration .....	11	9
Internal Medicine:		
General .....	6	5
Cardiovascular .....	36	27
Gastroenterology .....	4	4
Pulmonary diseases .....	10	14
Surgery:		
General .....	0	1
Orthopedic .....	16	24
Thoracic .....	0	1
Otolaryngology & ophthalmology .....	12	9
Psychiatry .....	38	24
Neurology (medical and/or surgical) .....	23	24
Pathology (medical and/or surgical) .....	6	3
Other .....	29	23

The accompanying chart shows the continuing increase in average BVA response time. (See Chart 5.)

**Chart 5. Average BVA Response Time**

Fiscal Year	Response Time (days)
1991	139
1992	240
1993	466
1994	781

The Board has continued its efforts to improve efficiency through increased office automation. A single CD-ROM (Compact Disc-Read Only Memory) containing the full text of all Board decisions issued in 1992 and 1993, together with an index of those decisions, has been installed on the Board's computer network and has been provided to all VAROs. This archival resource facilitates research involving prior BVA decisions. The project to replace the BVA Veterans' Appeals Control and Locator System (VACOLS), designed to operate in the Nationwide Office Automation for the Department of Veterans Affairs (NOAVA) computer environment, will be completed in FY 1995. The Board anticipates that this system will greatly improve the efficiency of case tracking and information management.

The Secretary is required by 38 U.S.C. § 7101(c)(3) to report, in terms of full-time employee equivalents (FTE), the number of temporary Board members designated under 38 U.S.C. § 7101(c)(1) and the number of acting Board members designated under 38 U.S.C. § 7102(a)(2)(A)(iii) during the preceding year. During FY 1994, 10 attorneys served as acting Board members from time to time, for a total of 1.32 FTE. All 10 of these attorneys were appointed to the Board by the Secretary, and their

appointments were approved by the President. In addition, one physician served as an acting Board member from time to time during the fiscal year, for a total of .22 FTE.

Thus, the total FTE of acting Board members in FY 1994 was 1.54 FTE. No temporary Board members were designated during FY 1994. The Board continues to utilize a system of written quarterly designations of acting Board members issued by the Chairman to ensure continued adherence to the statutory requirements regarding the use of acting Board members.

Numerous efforts were undertaken in FY 1994 to improve decision timeliness. At the suggestion of the BVA Chairman, the Secretary appointed a Select Panel on Productivity Improvement for the Board of Veterans' Appeals to examine all facets of the Board's operations. On August 1, the Secretary approved the Select Panel's recommendations. The Board is finalizing the systematic implementation of the Select Panel's recommendations, including pre-screening appeals to identify deficiencies in records earlier in the appeal process; establishing authority for Board attorneys to assist veterans in developing deficient appeals, rather than remanding all such cases back to the VAROs; and developing a comprehensive training program to prepare new counsel and to provide continuing legal education opportunities for current Board members and counsel. The Board is also examining the feasibility of other (longer range and more expensive) Select Panel recommendations such as conducting hearings by video-teleconference, broadening utilization of electronic resources such as on-line computer services, and reducing the volume of paper handled by employing computerized document imaging technology.

Many of the appeals that the Board must decide include numerous independent or intertwined issues. The complexity of many appeals, especially multiple issue appeals, coupled with the more stringent requirements necessitated by judicial review, require a level of proficiency by Board attorneys that can only be acquired through years of experience. During FY 1994, seven Board members left the service of the BVA to accept comparable, but higher-paid, positions as Administrative Law Judges (ALJs) at other Government agencies. On November 2, 1994, the President signed into law H.R. 5244, the *Veterans' Benefits Improvements Act of 1994*, as Public Law 103-446. Title II of this new law restores pay equity between Board members and ALJs and will help stop the loss of the Board's most experienced members.

BVA has been an active participant in VA's program to improve customer satisfaction. In concert with representatives of numerous veterans service organizations, the Board identified three primary areas of concern to BVA's primary customers (appellants): decision timeliness, communications, and quality. More



than 1,000 appellants who had received final Board decisions within the preceding 90 days were surveyed. Survey results were used to develop customer service standards and identify additional specific actions desired by the Board's customers. BVA will periodically conduct additional surveys to further assess customer satisfaction.

Numerous customer feedback avenues exist at BVA, but no formal program exists to catalog or analyze complaints. The Board is developing a system to analyze customer complaints that will be put in place in FY 1995. By using existing complaint mechanisms, the Board will identify additional areas of customer concern or confusion so that remedial action can be taken.

## Board of Contract Appeals

The VA Board of Contract Appeals is an independent staff office, which consists of five Administrative Judges, a Hearing Examiner, law clerks, and other necessary support staff. The Board was established on March 1, 1979, pursuant to the *Contract Disputes Act of 1978*, to consider disputes between contracting officers and Federal contractors in connection with VA construction, supply, and service contracts.

The bulk of the Board's caseload concerns disputes arising from the construction or renovation of VA hospitals, nursing homes, and outpatient clinics. Additional activity arises from contracts for the procurement of drugs, computers, and other necessary supplies and services for VA. The Board's jurisdiction includes applications for attorney fees and expenses under the *Equal Access to Justice Act*.

Proceedings before the Board are adversarial in nature, and on the record, with witnesses under oath and subject to cross examination. The hearings are conducted under rules and procedures comparable to those of the United States Court of Federal Claims and to those utilized by Federal District Courts in nonjury, civil cases. The Board issues written decisions consisting of detailed findings of fact and conclusions of law, which are published and available from a number of commercial sources. More informal and rapid procedures are available to contractors with small claims, many of whom appear personally and without attorneys before the Board. Hearings are held in Washington, DC, or at various locations around the United States where the disputed contracts were performed. Board decisions are final but may be appealed by either the contractor or the VA to the United States Court of Appeals for the Federal Circuit.

Board members also serve as triers of disputed facts in Department debarment/suspension proceedings. Finally, pursuant to the *Administrative Dispute Resolution (ADR) Act*, the Chairman of the Board has

been designated by the Secretary as the senior Department official to promote ADR techniques within VA. During the past year, ADR was employed in an increasing number of cases pending before the Board.

The Board received 584 new appeals and disposed of 178 appeals during FY 1994. At the close of the fiscal year, there were 569 cases pending.

## Office of Small And Disadvantaged Business Utilization

The Office of Small and Disadvantaged Business Utilization (OSDBU) serves as the VA's advocate for the participation of small, small disadvantaged, veteran-owned, women-owned, and labor surplus area businesses in VA contracts and subcontracts awarded by prime contractors.

For FY 1994, the Secretary established a goal of 7 percent of awards to minority-owned small businesses and 3 percent of awards to women-owned small businesses. Preliminary statistics show awards to minority-owned small businesses of 6.4 percent and 3.5 percent to women-owned small businesses.

In FY 1994, the Task Force that was established in FY 1993 to identify new ideas for increasing awards to minority and women-owned small businesses provided its recommendations to the Secretary. Some of the recommendations that were adopted included a statement from the Secretary expressing his commitment to an increase in minority and women-owned small business participation, increase in training of VA staff, an establishment of a Small Business Advisory Board, inclusion of socioeconomic goal attainment in performance plans of VAMC Directors, and the establishment of electronic bulletin boards for vendors to retrieve information pertaining to VA's procurements nationwide.

VA co-sponsored with the U. S. Small Business Administration three *Veterans in Business Opportunity Conferences* in Charleston, SC, San Diego, CA, and San Antonio, TX. The conferences provided information on business opportunities with VA and other Government agencies for veterans currently in business or planning to establish a business. OSDBU continues to offer a *Handbook for Veterans in Business*, which provides an introduction to Government contracting procedures and programs, including a brief summary of goods and services purchased by the VA to be used by veteran-owned firms wishing to do business with VA.

For the seventh consecutive year, VA prime contract awards to small and small disadvantaged businesses exceeded \$1 billion. This represents 36.8 percent of all procurements. VA also exceeded all socioeconomic

goal categories negotiated with the Small Business Administration.

To assist firms who want to do business with VA, OSDBU developed and published an FY 1994 forecast of marketing opportunities with VA contracting activities. The forecast provides information regarding what we buy, where we buy, when we buy, and who to contact for assistance. This publication is a valuable tool to those seeking to do business with VA.

The Socioeconomic Achievement Awards program continues to provide an incentive to VA acquisition activities to increase awards to small and small disadvantaged businesses. VA contracting activities were recognized for superior procurement preference goal accomplishments. First place winners in FY 1993 were the VAMCs Ft. Lyon, CO (small business), San Juan, PR (minority small business), Reno, NV (8(a)) Ft. Harrison, MT (women-owned business), Manchester, NH (veteran-owned business), Coatesville, PA (Vietnam era veteran-owned business), and Knoxville, IA (disabled veteran-owned business). Each of these facilities was awarded a Secretary's plaque. Second and third place winners were recognized with a Secretary's Certificate of Commendation. FY 1994 winners will be announced in March 1995.

An additional five VAMCs received recognition awards for meeting or exceeding their socioeconomic goals. These facilities were Boston, MA, Lexington, KY, Montgomery, AL, Marion, IL, and Los Angeles, CA.

Three *Veterans in Business Conferences* are planned for 1995 to assist small businesses in competing for VA acquisition opportunities.

## **Veterans Service Organizations Liaison**

The Secretary's Special Assistant for Veterans Service Organizations Liaison is responsible for maintaining the Department's day-to-day contact with the organized veterans community and is the Secretary's principal advisor on matters specifically affecting groups within that community.

During FY 1994, this office played an active role in carrying out the Secretary's commitments to increase customer satisfaction and to improve VA services. Leaders of the respective veterans service organizations were consulted regularly on VA initiatives to reduce claims and appeals backlogs, to meet the needs of homeless veterans, to implement certain efficiencies in VA health care delivery, and to address the unique concerns of such populations as women veterans and Persian Gulf War veterans.

The consultations with veterans service organizations contributed materially to the development of plans which,

when fully implemented, will enable VA to provide its services in a more customer-oriented manner. The Special Assistant will continue to work closely with the various veterans service organizations as they monitor the quality and timeliness of VA service delivery.

## **Office of the Assistant Secretary for Finance and Information Resources Management**

The mission of the Office of the Assistant Secretary for Finance and Information Resources Management (OFIRM) is to provide stewardship over VA resources and to support the Department by formulating financial and information resource plans and policies, analyzing and evaluating service delivery, and maintaining and enhancing Department information systems. OFIRM's functional areas include management controls, financial management, budget, information resources management, telecommunications, and performance measurement.

### **Management Controls**

The Office of Management Controls (OMC) produced the Department's *FY 1993 Annual Federal Managers' Financial Integrity Act (FMFIA) Report*. The report identified 1 high risk area, 11 material weaknesses, and 8 material non-conformances pending corrective actions.

OMC facilitated and produced two departmental *Semiannual Management Reports* dated November 30, 1993, and May 31, 1994, which reflected the status of audit recommendations implemented by management during the respective six-month periods.

### **Financial Management**

The Office of Financial Management (OFM) continued implementation of the *Chief Financial Officers (CFO) Act* during FY 1994, with the preparation of VA's third *CFO Annual Report*, the development of a comprehensive *CFO Financial Management Status Report and Five-Year Plan*, contributions to a revision of classification guidelines for VHA fiscal officers, and continuation of a multi-faceted CFO Nationwide Awards Program.

The *CFO Annual Report* consists of the Financial Statements of September 30, 1993; the auditor's opinion and report; VA's report on internal controls; financial systems enhancements, both planned and ongoing; and other information about VA's financial program. It consolidates VA's appropriations, revolving funds, and trust funds into five lines of business: (1) Medical and Construction, (2) Veterans Benefits, (3) Life Insurance, (4) Housing Credit Assistance, and (5) Administration and Cemeteries. The *Financial Management Status Report and Five-Year Plan* identifies the Department's



current baseline of financial applications, describes the future target for these financial applications, and the strategy that the Department is following to achieve its future target.

Revised classification guidelines for Veterans Health Administration (VHA) fiscal officers were provided during FY 1994, which incorporate core accounting education requirements. These guidelines are consistent with efforts to improve the quality of VA financial management.

During FY 1994, OFM worked jointly with the Veterans Benefits Administration (VBA) and VHA to move forward on plans to create CFO organizations within those major components. A Memorandum of Understanding (MOU) was negotiated to transfer benefits-related financial functions and resources from OFM to VBA, effective October 2, 1994. Similar actions will be taken early in 1995 to transfer functional responsibilities and staff to the VHA CFO.

The *CFO Nationwide Awards Program* continues to encourage and recognize outstanding performance by VA financial managers: 12 VHA Finance Officers were presented with the CFO Distinguished Accomplishment Award; a VHA Finance Officer was awarded the CFO's Exceptional Achievement Award, the highest honor that can be presented to a VA financial manager; and 46 facilities were recognized for achieving 90 percent participation in the Direct Deposit/Electronic Funds Transfer program.

During FY 1994, the Departmentwide Financial Management System (FMS) marked additional, significant milestones. Three VA medical centers (VAMCs) and 31 VA regional offices (VAROs) were fully converted to FMS from the Centralized Accounting for Local Management System. Training for staff at the remaining VAROs, 169 VAMCs and several other VA facilities has begun, enabling conversion to FMS during FY 1995. In addition, FMS marked other significant milestones by implementing the first interface with the VA Benefits Systems (Chapter 31, Education); and by interfacing with VAMCs Integrated Funds Distribution, Control Point Activity (IFCAP) and Medical Care Cost Recovery/Accounts Receivable (MCCR/AR) systems. These accomplishments are particularly important because they are the primary means by which VAMCs enter financial transactions into FMS. This Governmentwide accounting structure will enhance the ability of central agencies to more accurately consolidate data derived from individual agency accounting records and reports, moving the Department closer to its number one financial management goal of a single, integrated financial management and reporting system.

During FY 1994, the new Personnel and Accounting Integrated Data (PAID) Decentralized Hospital Computer Program (DHCP) Enhanced Time and Attendance (ETA) System was approved for implementation at all VAMCs.

Demonstrated in the pilot system at several VAMCs and VACO, ETA eliminates the use of hard copy time forms and improves the accuracy of time records and the processing of payroll. Full implementation is nearly complete.

OFM installed and began implementation of the Document Management System (DMS) during FY 1994 at the Austin Finance Center (AFC) in Austin, TX. This system eliminated the microfilm and microfiche systems being used for storage and retrieval of documents. Documents are scanned and stored electronically and then moved to optical disks for permanent storage, providing greater access to records, consistent control of work, and increased payment efficiency. Also planned is access to the DMS by field stations, enabling personnel to view and/or download records related to their facility.

OFM continued to improve the Department's *Prompt Payment Act (PPA)* performance during FY 1994. VA processed over 283,000 electronic invoices and made over 3.6 million payments totaling \$5.1 billion during FY 1994. The Department's on-time payments increased from 53 percent in FY 1991 to 76 percent in FY 1994. A new initiative to implement a fast pay concept incorporates elements of fast pay and statistical sampling in the payment of certified invoices (up to \$1,000) processed by individual VA field stations. We believe this concept will yield a higher on-time PPA rate and reduce interest penalties and administrative overhead. Test results will be available during FY 1995, and a decision will be made concerning expansion to all field stations.

Financial program reviews continued during FY 1994, providing notable improvements in the management of MCCR, increased collections, and significant improvements in VA's financial operations. Completed during the fiscal year were 16 VHA MCCR reviews (7 of which also included other financial operations), 3 VBA financial reviews, and 2 MCCR functional reviews (1 performed at 18 VA outpatient clinics and 1 at 24 VAMCs, spanning all VHA regions). These reviews provided VA's CFO and administration officials with an independent assessment of financial and MCCR operations at their facilities.

OFM continued efforts to meet streamlining goals set forth in the National Performance Review (NPR), particularly those challenging Federal agencies to find innovative ways to manage resources and dollars. On September 9, 1994, VA and the Department of Treasury signed an MOU outlining the joint efforts of the departments to improve existing financial operations by taking advantage of new automation technology. This agreement, which will be implemented during FY 1995, calls for the development and installation of electronic links and new processes to support electronic commerce initiatives. OFM will oversee specific initiatives including a "check intercept" system that will allow OFM to request a "stop payment" on erroneously issued benefit checks

and intercept the payment after its release. VA will be the first department to test this type of system. Other initiatives include an enrollment campaign to promote greater use of direct deposit/electronic funds transfer of veterans benefit payments, reprogramming software to accept Zip+4 and bar coding of compensation and pension payments, and electronic transmission of all payment data to the Treasury Finance Centers. During FY 1994, OFM continued to expand its Electronic Commerce (EC) efforts to increase processing efficiencies. Key accomplishments include:

- (1) Direct Deposit/Electronic Funds Transfer (DD/EFT): The Department reached an 86.9 percent participation rate (215,028 employees), up from 80 percent in FY 1993. At a savings of \$.30 per transaction, VA saved the Federal Government over \$1.6 million last year. This was accomplished through a vigorous campaign focused on employee awareness and recognition of station achievement.

In an effort to improve service to our customers, OFM, in conjunction with VBA, designed strategies to encourage Compensation and Pension beneficiaries to receive their monthly payments via DD/EFT. These test strategies include the use of mailers and an 800 number for phone enrollments.

Further accomplishments have been made in the area of EFT participation for vendor payments, as well as for travel reimbursement expenses to employees. During FY 1994, EFT participation increased from 553 vendors and employees to approximately 2,400, an increase of 334 percent. This substantial increase is attributed to the pursuit of a recent initiative by the Austin Finance Center to encourage all VA employees to use EFT for travel reimbursements, resulting in the transmission of over 1 million payments, at a savings of \$330,000.

- (2) Electronic Invoicing: The number of vendors submitting electronic invoices increased from 66 in FY 1993, to 101 in FY 1994, with an annual volume of approximately 325,000 invoices. The service invoices are transmitted to the appropriate field stations where they are electronically integrated into the local payment systems, thus eliminating manual data entry.
- (3) Electronic Data Interchange/Electronic Commerce (EDI/EC): OFM initiated an effort to make EDI/EC available to the small business community by reducing the cost requirements for highly sophisticated computer equipment and the required staff to operate it. Through a collaborative effort with an EDI software developer, inexpensive and "user friendly" EC software, which provides VA's EDI data and format requirements, is now

available to small business vendors. To use this package, the vendors need only a standard PC and a modem. Initial response from the current 17 vendors has been positive and indicates that considerable growth can be expected as the vendor community learns of the availability of the software.

- (4) Electronic Purchase Orders: The joint EDI initiative between the Office of Acquisition and Materiel Management (OA&MM) and OFM continues to pay dividends for VA. VA now has a complete electronic business package from point of purchase through receiving, billing, and payment processes. This joint venture not only allows marketing of the EDI package as one plan, but also enables collaboration on data elements and business needs that are common to both organizations, thus ensuring those elements and functional requirements are included in OA&MM and OFM systems. This eliminates substantial manual record keeping and correspondence preparation.

The Austin Finance Center (AFC) implemented an automated Vendor Inquiry System (VIS) during FY 1994. The VIS was developed to enable VA's over 180,000 vendors to electronically access data regarding payments made to them by VA. Access to VIS information is through a PC and modem. An added feature to the VIS, scheduled for production during FY 1995, will give VA customers the capability to download financial data specific to their particular company. The VIS, which runs on a mainframe computer, replaces a PC-based system available to only a limited number of vendors.

During FY 1994, OFM spearheaded efforts to implement a franchise fund in VA, another of VA's NPR initiatives. The fund was setup to provide VA the opportunity to establish consolidated financing and accounting for common business-type services. A working group consisting of a representative from each major organization within VA was formed to develop a strategy for this fund. The group developed a Charter with guidelines for establishing and maintaining the fund and is finalizing a list of appropriate activities to be included in the fund. Implementation is planned over a 3-year period, commencing with passage of required legislation. This will afford VA organizations the opportunity to more clearly define the scope of the service activities, establish equitable pricing, and develop quality customer service practices.

OFM also piloted a highly touted NPR initiative which has been very successful in VACO and will soon be expanded to all VA facilities. The International Merchant Purchase Authorization Card, more commonly known as the Governmentwide Commercial Credit Card, offers a simple, convenient alternative to standard acquisition of small purchases and allows designated employees

limited procurement authority to purchase goods and services for their offices.

OFM completed the On-Line Manuals project, making all policy documents available on-line at the Austin Automation Center. This project eliminated printing costs and elapsed time in providing updates to the field, and reduced administrative overhead associated with inserting page changes into printed documents. This has resulted in a savings of \$200,000 to the Federal Government.

OFM won the Robert W. Carey Quality Award in the Support Services category in 1994. This award is the highest Departmental honor given to an organization for quality achievement.

## Budget

The Department of Veterans Affairs' budget provides the resources which allow VA to provide benefits and services to the nation's 27 million veterans and their dependents. The 1994 Appropriation Bill provided VA with nearly \$36.7 billion to fund the various benefit programs as well as support the operation of our health care system, benefits delivery program, National Cemetery System, construction, and administrative support activities.

In February 1994, VA transmitted its 1995 budget request totaling over \$37 billion to Congress. Over half of these funds will be used to fund the benefit programs administered by VA. These benefit programs include: payments to veterans with service-connected disabilities, pensions, education benefits, death benefits, home loan guaranty, and other credit programs. Nearly 93 percent of the remaining funds will be used to operate VA's medical programs. The Medical Care appropriation request of \$16.1 billion represents a \$500 million increase over the 1994 level. This appropriation is one of only nine domestic discretionary programs requesting a funding increase of at least \$500 million from the 1994 funding level.

In FY 1994, the Office of the Deputy Assistant Secretary for Budget began working with the administrations within VA to identify, develop, and use additional performance information in the budget formulation and execution processes. A budget submission based upon program performance enhances a decision maker's ability to determine the impact on workload, quality, and timeliness that specific resource levels (i.e., funding and employment) will have on VA's ability to provide service to veterans and their dependents. The enhancements made this year represent the beginning efforts to develop a budget request that is based upon program results and outcomes rather than program input.

During FY 1994, Budget continued efforts to enhance the corporate database of performance information. The

VA Performance Measurement System (VAPMS) allows users throughout the Department to obtain performance information at the national, regional, and facility levels. In FY 1994, the amount of available information was expanded to include additional health care information as well as performance statistics covering the loan guaranty, veterans assistance, and vocational rehabilitation and counseling programs.

## Information Resources Management

During FY 1994, an inter-organizational work group completed administrative studies to clearly define the Master Veteran Record (MVR) initiative. MVR is a coordinative effort in VA to integrate existing independent veteran files into a single account for each veteran and improve sharing of veteran data with civilian agencies. It will focus on eight specific improvement areas to cut red tape and deliver more timely service to customers. Improvement areas relate to actions such as a change of address, change of family status, or death of a beneficiary, which are of common interest across VA offices. Improvement areas were identified through a series of workshops conducted by the Office of Information Resources Management (OIRM). Short-term improvements related to access to bankruptcy and appeal status. Patient care locations will be implemented nationally at selected field offices in early FY 1995.

VA has 13 computer matching programs in operation with an estimated real and cost avoidance savings of \$197.3 million. New matches approved during FY 1994 by VA's Data Integrity Board involved VA with the Internal Revenue Service in verifying the income of medical care applicants. VA was also involved with the Department of Health and Human Services' Health Care Financing Administration in collecting statistical information for determining the value of a computer matching program that identifies and bills third-party payers of health insurance.

Executive Order 12861, *Elimination of One-Half of Executive Branch Internal Regulations*, directs executive agencies to eliminate, over a 3-year period, not less than 50 percent of their internal regulations that are not required by law. VA has an active program underway and has thus far eliminated 728 out of 3,500 total directives (over 20 percent).

The VA Vendor Bulletin Board System (VBBS) was planned and developed to provide a rapid means for disseminating Departmental acquisition information to the business community with the objectives of increasing competition and reducing costs. Businesses may reach the VBBS via a computer modem, then read or download a wide variety of acquisition-related material such as Requests for Proposal, Agency Procurement Requests, and Delegations of Procurement Authority. They may also review special announcements, VA *Commerce Business Daily* ads, and telephone



directories for key VA acquisition personnel. Firms dialing into the system establish an account through a self-registration process. VBBS became operational in February 1994. By August, it had over 2,500 customers.

Average monthly payments to VA from the Department of Defense (DoD) using Treasury's On-line Payment and Collection system have increased from \$12 million in FY 1993 to \$47 million in FY 1994. The increase resulted from VA's cooperation with DoD to bring Research Sharing Agreements, Chapter 32 Education Assistance, and Retired Military Insurance premium payments on-line during the fiscal year. The electronic transfer of Servicemen's Group Life Insurance premium payments also increased as additional military elements were brought on-line.

The Microcomputer Training Program for Persons with Disabilities (MTPPD) is an innovative, internally developed program to serve persons with disabilities in and out of the Department. MTPPD has been highly successful and is recognized Governmentwide. A total of 500 hours of training was given to blind employees from the Departments of State, Defense, Army, Transportation, Agriculture, Labor, Interior, as well as the National Library Service. MTPPD is also providing concentrated training and technical assistance to the Department's Blind Rehabilitation Service by training blind veterans from the Washington metropolitan area in the use of personal computers, office automation tools, and adaptive equipment in an actual office environment.

During FY 1994, the Austin Automation Center was recognized for its efforts to make VA an employer of choice by being selected by the Governor of the State of Texas as the Public Employer of the Year. This award recognizes a public sector employer for outstanding achievements in enhancing employment opportunities for people with disabilities.

## Office of the Assistant Secretary for Policy and Planning

The Assistant Secretary for Policy and Planning supports the Secretary and other VA leaders in integrating the Department's policy, strategic and quality management, and statistical analysis processes. In FY 1994, the Office of Policy and Planning coordinated VA's participation in the Vice President's National Performance Review (NPR) and completion of the first VA customer service plan. In addition, the Office assisted the Secretary in executing a Performance Agreement with the President and promoting quality services to veterans and their families through the Robert W. Carey Quality Award Program. The Office's National Center for Veteran Analysis and Statistics provided information for the 50th Anniversary of D-Day to the White House, Congress, the media, and other interested parties.

The Assistant Secretary also carried out the statutory responsibilities of the Chief Minority Affairs Officer (CMAO) and prepared the Secretary's first minority affairs report to Congress. In FY 1994, the Secretary approved establishment of a Minority Affairs Office and a Women Veterans Program Office to assist the CMAO in ensuring full participation of minority and women veterans in the benefits and services of the Department.

## Policy Support

In FY 1994, the Office of Policy assisted the VHA in planning and developing VA's response to pending national health care reform legislative proposals and VA's own health care reform initiative. This included participation in field and headquarters analyses of marketing, managed care, long-term care, and customer service. The Office analyzed and estimated potential demand for VA care and possible sources of funding under various national health care reform scenarios.

The Office of Policy coordinated development of the first VA customer service plan, standards, and brochures. Standards in the VA plan were incorporated into the President's report, *"Putting Customers First: Standards for Serving the American People."* The public report commits Federal organizations to improved customer service. In addition, the Office coordinated the effort to publish these standards and distribute brochures to points in the field where veterans and their families are directly served by VA. The Office was involved in other NPR initiatives, including Decentralizing Decision Making Authority and the Joint Work Group on Military Retired Pay and VA Disability Compensation.

The Office of Policy managed VA's relationship with the Corporation for National and Community Service, including the Department's applications for AmeriCorps grants. VA was included among the first-year recipients with \$500,000 in grants for programs to assist homeless veterans in Los Angeles and Houston. The Office is a member of the White House working groups on National Urban Policy and Immigration Policy.

## Strategic and Quality Management

In FY 1994, the Office of Planning assisted the Secretary in executing the Performance Agreement with the President. The agreement outlined actions VA would complete during the fiscal year to satisfy our customers: our Nation's veterans, to become an employer of choice, and to introduce major service improvement.

The Office of Planning managed the third annual Secretary's Robert W. Carey Quality Award Program. The program promotes quality improvement throughout the Department and recognizes organizations which have excelled in customer service. This year's overall winner was the Veterans Benefits Administration Regional Office in Muskogee, OK. Category winners included the Richard L. Roudebush VA Medical Center,

Indianapolis, IN (Health Care); VA Domiciliary, White City, OR (Long-Term Health Care); VA Medical and Regional Office Center, Wichita, KS (Unified Health Care and Benefits); and the Office of Financial Management (Support Services).

## Statistical Analysis

In FY 1994, over 10,000 telephone interviews with veterans were completed as part of the National Survey of Veterans coordinated by the National Center for Veteran Analysis and Statistics. The survey report will be published in early FY 1995, and provide valuable demographic and other socio-economic information not available in VA administrative files. This information is necessary to support policy, planning, and program management officials throughout the Department.

The National Center produced data and information on World War II veterans to support the Nation's celebration of the 50th Anniversary of D-Day and other World War II commemorative activities. Other information produced by the National Center included the Secretary's Annual Report; veteran population data and projections at the national, State, and county levels; analyses of veteran data in the 1990 Census; and special analyses of minority, elderly, homeless, and nursing home veterans.

## Office of the Assistant Secretary for Human Resources and Administration

The Office of the Assistant Secretary for Human Resources and Administration provides direction and oversight to a diverse group of programs and serves as the principal Department advisor on related matters. Programs with VA-wide responsibilities are human resources management and planning, labor relations, occupational safety and health, and equal opportunity. General administrative support services are primarily provided to VA headquarters offices. This Office ensures that organizations under its jurisdiction are pursuing the National Performance Review's main themes of putting customers first, cutting red tape, and empowering employees to get results.

## Employee Safety and Health

The Assistant Secretary serves as the Department's Designated Agency Safety and Health Official (DASHO). In this capacity, the Assistant Secretary is responsible for managing the VA Occupational Safety and Health (OSH) Program.

Safety and health-related training continues to be a priority for the Department. Numerous safety and health training opportunities were provided throughout the year to VA employees, including union representatives.

For example, training on the prevention and control of tuberculosis was provided during the year to 190 employees.

The Office of Occupational Safety and Health has continued to focus on maintaining safe and healthful worksites. The most frequently violated Occupational Safety and Health Administration standards were identified and facilities were encouraged to pay particular attention to those hazards. Working closely with the National Safety Council, a private/public sector consortium that promotes workplace health and safety, VA is continuing its leadership role in OSH issues affecting all health care facilities.

A key indicator for the VA OSH Program is the lost-time claims rate, a measure of injuries and illnesses that result in time away from work. The VA claims rate for FY 1994 was 3.65 claims per 100 employees.

## Labor-Management Partnerships

Executive Order 12871, *Labor-Management Partnerships*, issued on October 1, 1993, has changed the focus of labor-management relations throughout the Federal Government. The goal of the Partnerships initiative is to implement a new, more effective working relationship between labor and management that will support the achievement of the National Performance Review's government reform objectives.

On April 12, 1994, the Department's charter for Labor-Management Partnerships was approved by the National Partnership Council, which is composed of field and VACO management representatives and representatives from VA's five major unions. The charter provides a framework for addressing significant labor-management issues. The first major issue considered within VA's Partnerships framework was buyouts for VHA, VBA, and other VA personnel. Local partnerships, which receive guidance from the National Council, are being formed throughout VA.

In FY 1994, approximately 164,000 VA employees were represented by 17 different unions.

## Human Resources Management

To assist field facilities in improving their human resources management programs, the Office of Human Resources Management (OHRM) provides expert advice and consulting services to facilities in human resources policy and strategy, systems design, and program review. While these services may encompass all major human resources management program areas, special emphasis is placed on OHRM delegations, customer service and satisfaction, and the administration of the workers' compensation program for job-related injuries and illnesses.

During FY 1994, VA saved more than \$2.7 million by implementing employee ideas approved through the



Employee Suggestion Program. Many of the ideas adopted through the Suggestion Program directly benefited the veterans and dependents served by VA, either through improved medical care or streamlined benefits processing.

## Employee Development and Training

VA's Senior Executive Service (SES) Candidate Development Program (CDP) is an 18-24 month developmental program that builds and refines the executive level competencies of a competitively selected group of GS-14 and 15 employees and prepares them for noncompetitive placement in suitable SES positions. During 1994, in accordance with earlier projections of turnover in SES positions, a significant number of SES members retired. This allowed VA to place 57 percent of the graduates of the 1992-1994 SESCO in SES positions.

In FY 1994, OHRM coordinated the participation of VA employees in a variety of management development programs including the Office of Personnel Management's (OPM's) Women's Executive Leadership Program for GS 11-12 employees with supervisory and management potential (25 VA participants); the Federal Executive Institute's month-long *Leadership for a Democratic Society* program (14 VA participants including senior executives, SES candidates, and other high potential GS-15 managers); OPM's management development programs (106 VA participants); and VA's own centrally funded Human Resources Management Intern Program, which targets employees for placement to medical center positions in the human resources management field (17 participants). OHRM also coordinated focus group meetings between VA management officials and OPM management development directors to identify ways in which OPM's management development curricula can more effectively meet VA's needs.

## Staffing

VA's national health care recruitment advertising campaign continued in its fourth full year during FY 1994, featuring the theme *The Best Care...Keeping the Promise to Those Who Served*. Recruitment advertisements were again placed in a wide variety of professional journals, newspapers, and minority and veterans publications.

As in prior years, specialized materials were developed for program areas newly-identified for advertising support. These materials included ads covering primary care physician, psychiatrist, nurse practitioner recruitment, as well as a VHA workforce diversity initiative. A 28-page *Career Options Handbook* was produced to highlight employment opportunities available

at VA health care facilities for students attending Historically Black Colleges and Universities.

During FY 1994, VA co-sponsored, along with the National League for Nursing, a 28-minute television and video documentary entitled *Career Encounters: Advanced Practice Nursing*. The documentary (portions of which were filmed at the VAMC Baltimore, MD) is scheduled for release to one or more broadcast, cable, and/or satellite networks.

The Delegated Examining Unit (DEU) in Richmond, VA, continued to refer candidates for key health care occupations to medical centers. Twenty-six occupations are covered by direct-hire occupation registers maintained by the DEU. The quarterly Survey of Health Occupational Staff continued to provide current vacancy and turnover information to VA health care managers.

## Employment of Veterans

In support of the Secretary's initiative to enhance employment and advancement opportunities for veterans in VA, OHRM has been issuing quarterly guidance to human resources management officers VA-wide, focusing on veterans' employment issues and providing listings of all VA facilities in rank order based on veteran employment statistics.

End-of-year employment figures show that about 68,000, or about 26 percent, of VA's workforce were preference eligible veterans, which included more than 14,000 disabled veterans. VA's workforce also includes about 12,000 non-preference veterans, bringing total veteran employment to about 30 percent. Vietnam era veterans now make up the largest group of veterans in VA with nearly 46,000 or more than 17 percent of the workforce. Also, VA employs over 8,000 female veterans and other women with veterans' preference in a variety of positions in the Department.

Staffing offices are encouraged to use the many special appointment authorities available to provide employment opportunities for veterans. During FY 1994, VACO and field facilities made 4,681 appointments under the Veterans Readjustment Appointment authority. There were 1,145 disabled veterans with service-connected disabilities of 30 percent or more who were appointed noncompetitively to positions for which they were qualified. This represented an increase of 67 percent from FY 1993.

## Affirmative Employment

As of September 1994, VA had made positive gains in employment of women and minorities when compared to FY 1993. The representation of women in Grades 13-15 increased to 22.6 percent from 21.8 percent. VA's employment of minorities, 34.7 percent, far exceeds the minority representation of 22.1 percent in the civilian labor force. The percentages of minorities that were

represented in the VA workforce were: African Americans 24.3 percent, Asian Americans 4.2 percent, Hispanics 5.5 percent, and Native Americans 0.7 percent. People with severe disabilities represented 1.8 percent of VA's workforce. These statistics are based on VA full- and part-time employees with permanent appointments.

## Sexual Harassment Prevention

The Office of Equal Opportunity (OEO) has continued to support the Secretary's initiative to eliminate sexual harassment in the Department by promoting a work environment free of discrimination and sexual harassment. During FY 1994, OEO continued to work with the Secretary's Ad Hoc Work Group on Sexual Harassment and monitored the completion of the four-hour training requirement for all VA employees on the prevention of sexual harassment. OEO printed and issued desk top "Zero Tolerance" cards and note tablets to serve as a reminder to employees and visitors at facilities that VA will not tolerate sexual harassment. The number of sexual harassment complaints reported for FY 1994 was 120 compared to 89 during FY 1993. OEO attributes this increase to the awareness of sexual harassment and the renewed confidence employees have in the complaint system.

## Discrimination Complaints

VA made significant changes in the complaint process in FY 1994. Circular 00-94-2, EEO Complaint Processing Requirements, dated August 1, 1994, provided new guidelines on the processing of discrimination complaints and transferred complaint processing functions from field facility Human Resources Management Services to an EEO Manager reporting to the facility director. In keeping with Equal Employment Opportunity Commission regulations, procedures for high resolution potential reviews were established, and the use of administrative boards in EEO matters was clarified. Higher level reviews apprise management of the existence of a sexual harassment or a reprisal complaint and afford them an opportunity to intervene when necessary.

Training activities continued at a high level with over 200 employees trained in 7 courses for EEO counselors and EEO investigators.

Productivity and timeliness also improved during the fiscal year. There were 1,885 closures during FY 1994, up from 1,464 in FY 1993. This represents a 29 percent improvement in productivity. Timeliness of complaint processing also improved, from 363 days in FY 1993 to 325 days in FY 1994.

Intake of discrimination complaints for FY 1994 was 2,216, up from 2,131 during FY 1993.

## VACO Renovation Project -- Prospectus

During FY 1994, Phase I construction of the Prospectus Project was completed. The Vermont Avenue wing of the VACO building is now occupied by approximately 940 employees. As part of our consolidation effort and in preparation for the start of Phase II construction, over 2,600 VACO employees were relocated to new office space.

In January 1994, VACO employees began moving back into the Vermont Avenue wing. By May 1994, all employees had moved from the I Street wing of the VACO building in preparation for Phase II construction. In addition to the VACO building, employees were relocated to four other nearby locations including 1800 G Street, NW. The 1800 G Street building is now the permanent location for the Veterans Benefits Administration and the Board of Contract Appeals.

Employees were provided new furniture, both systems and conventional, when they moved into the renovated VACO building. New state-of-the-art fiber optic/copper cabling was installed to support the telecommunications systems. New telephone and security systems were also installed in the Vermont Avenue wing. All of these improvements were part of the VA goal to provide employees with a modern and efficient work environment.

GSA issued the Notice to Proceed with Phase II construction in May 1994. The construction contractor has now completed most of the heavy demolition work on the I Street wing and is proceeding with lead and asbestos abatement. Completion of Phase II construction is expected in late 1995.

Planning for the renovation of the Lafayette building at 811 Vermont Avenue, NW, continued during FY 1994. Construction on this GSA project is currently scheduled to begin in 1996.

## Child Development Center

VA is the facility manager of the combined *Federal Agencies Child Development Center--U.S. Kids*. Other participating agencies include the Department of the Treasury, the Executive Office of the White House, and the Export-Import Bank of the United States. *U.S. Kids* primarily serves the children of employees of these agencies. There are 88 children enrolled in the center. A tuition assistance program was established to ensure that the center is affordable for everyone.

## Office of the Assistant Secretary for Public and Intergovernmental Affairs

The Office of the Assistant Secretary for Public and Intergovernmental Affairs (ASPIA) provides executive management of VA's communications with veterans and their families, the general public, various State and Federal governmental agencies, veterans organizations, and other interest groups. ASPIA is responsible for the coordination and release of all information VA communicates to its various audiences through the news media. The Assistant Secretary directs intergovernmental and consumer affairs programs that inform veterans and their State and local elected representatives of VA's services for veterans.

### News Media

The Office of Public Affairs' (OPA) News Service is the Department's designated liaison with national, regional, and local media organizations. As such, it plays a major role in supporting the Secretary's commitment to improve and broaden communications to the veteran community and to expand public understanding of the VA mission.

A record number of more than 3,700 media inquiries were processed during FY 1994 on a variety of topics related to VA's services for veterans. Topics with major emphasis included:

- (1) VA's participation in Administration and Congressional efforts to draft health care reform legislation and VA's internal response to the changing health care marketplace. Media briefings, interviews, and press conferences were among many activities employed to apprise the public of VA's envisioned role in the Nation's rapidly changing health care delivery structure.
- (2) Communication support in VA's efforts to assist homeless veterans through program and funding enhancements, orchestration of the First National Summit on Homelessness Among Veterans, implementation of a new grant program for nonprofit organizations providing services for homeless veterans, and participation in the Administration's Interagency Council on Homelessness.
- (3) Media releases and other public information announcements to apprise Persian Gulf veterans of VA's support of legislation that will provide compensation to Gulf veterans who suffer from disabling undiagnosed ailments, the Department's provision of examinations and maintenance of a registry to catalog the health complaints and symptoms of Persian Gulf veterans, VA's

enhancement of research funding and the establishment of three environmental research centers to study the health effects of the Gulf War, and the formation of the Persian Gulf Veterans Coordinating Board. This Board was established to maximize the resources of VA, Department of Defense, and Health and Human Services for research, clinical, and benefits activities to assist Persian Gulf veterans with undiagnosed illnesses.

- (4) Media coordination in conjunction with ceremonies celebrating the 50th anniversary of D-Day and the GI Bill. Press efforts surrounding a Presidential ceremony commemorating the signing of the GI Bill resulted in numerous national news stories describing the legislation's impact on the Nation and the lives of veterans assisted by the program's home loan and educational assistance provisions.

### Public Affairs Field Operations

Office of Public Affairs (OPA) operates seven field offices, which provide public affairs support and guidance to VA field facilities and coordinate communications for all VA components.

In addition to their principal communications function, OPA's seven regional offices perform key roles associated with official travel by the Secretary, Deputy Secretary, and other VA executives. During FY 1994, OPA regional offices provided support for official trips through distribution of media advisories and scheduling of press interviews, talk shows, editorial boards, and other media availabilities. OPA's field staff facilitated the Secretary and Deputy Secretary's communication of VA's role in health care reform through regional media interviews with print, radio, and television outlets.

The Secretary keynoted OPA's *Fifth Annual Training Conference* in Atlanta, GA, attended by more than 150 facility public affairs officers. The Secretary stated that VA must better communicate the good job it is doing to serve veterans. The three-day curriculum placed emphasis on emerging marketing and public relations issues that would confront health care providers in the future.

An OPA Field Operations Service team also successfully concluded the development of new Department guidelines covering public information activities in the VA Disaster Response Plan. Many of these principles were put to use during VA's participation in relief efforts surrounding the July 1994 floods in the Southeast.

### Internal Communications and Special Projects

The Secretary's intention to improve the Department's communication activities brought expanded emphasis on reaching the VA family -- some 260,000 employees.



New initiatives undertaken included providing messages imprinted on each biweekly pay slip and a daily electronic mail broadcast that reaches every VA employee with access to a computer terminal.

The important function of providing materials to support field execution of local communication or observance activities was highlighted with the production of a handbook, newsletters, and a brochure on health care reform. Special packages were prepared containing materials for POW-MIA recognition ceremonies, Memorial Day, Nurses Week, and the commencement of new customer service standards in five VA service delivery areas.

OPA's liaison with the Armed Forces Information Service assisted in the production of public service VA benefits messages, which were broadcast to soon-to-be veterans stationed at military posts around the world. The Office also executed staff support for the Veterans Day National Committee, chaired by the Secretary of Veterans Affairs. The traditional November 11 ceremony at Arlington National Cemetery was highlighted by President Clinton's remarks and his symbolic presentation of a medal honoring surviving veterans of World War I on the 75th anniversary of the 1918 armistice.

## **Intergovernmental Affairs**

In addition to continuing its liaison activities with Federal, State, and local government entities in FY 1994, the Office of Intergovernmental Affairs (IGA) expanded its role with (1) the establishment of a Homeless Assistance staff and (2) the monitoring of State health care reform activities.

The Deputy Assistant Secretary (DAS) of Intergovernmental Affairs was named the Secretary's Special Assistant on Homelessness. The DAS and the Homeless Assistance staff represented the Department on the White House Interagency Council on the Homeless. The staff was responsible for coordinating VA participation in homeless veterans assistance fairs and "Stand Downs." They also coordinated VA's \$5.5 million Homeless Providers Grant and Per Diem Program, resulting in 32 projects funded in 18 States to public and private organizations. In addition, they administered an AmeriCorps homeless grant, which assigned members at VA homeless programs in Houston, Los Angeles, and Washington, DC.

The Homeless Assistance staff coordinated the first National Summit on Homelessness Among Veterans, held in Washington, DC, on February 24-25. Numerous workshops were conducted including "Public and Private Sources of Program Funding," "How to Get Surplus Federal Buildings and Other Property," "How VSOs and Others Can Get Started," "Regular VA Health Care and Benefits -- a Valuable Resource," and "Creating New

Supported Housing for Homeless Veterans." In late August, a follow-up meeting to the National Summit was held with representatives from Federal agencies, national homelessness organizations, veterans service organizations (VSOs), and homeless veteran providers, to analyze and amend Summit recommendations.

IGA assisted the VA Health Care Reform Project Office by monitoring State health care reform efforts and acting as a clearinghouse for information on the various state plans. IGA arranged for top VA officials to discuss the Department's health care reform proposals with the National Governors Association, the U.S. Conference of Mayors, the National Association of Counties, the Advisory Commission on Intergovernmental Relations, and the National Conference of State Legislatures.

IGA enhanced its liaison activities with the Governors and State Directors of Veterans Affairs, informing them of issues affecting VA services and facilities in States including VA contract and grant awards, medical sharing agreements, budget issues, and construction status at VAMCs and national cemeteries.

IGA improved liaison activities with local governments. For example, IGA was responsible for advance notification to Los Angeles County Supervisors and City Council concerning VA's plans for the VAMC Sepulveda, CA, which was heavily damaged by an earthquake.

IGA assisted with VA planning activities leading up to the 1995 White House Conference on Aging. Letters were sent to all Governors urging them to include veteran representation in their delegations to the Conference. Also, material was disseminated to State officials encouraging their participation in VA town forums. Recommendations from the forums on aging veterans' concerns will be submitted to the 1995 White House Conference on Aging.

## **Consumer Affairs**

Consumer Affairs Service (CAS) revised its internal complaint handling procedures to respond more rapidly to concerns from veterans. A "quick response" process was developed for veteran related issues forwarded from the White House. This process dramatically increased CAS' responsiveness to veterans' complaints. CAS, in conjunction with the field facilities, ensured that complaints directed to VACO received responses with minimal delay.

At no cost to VA, CAS coordinated with GSA's Consumer Information Center and the Department of the Treasury and provided over two million veterans and their beneficiaries with free Federal consumer information. An insert accompanying VA benefits checks made information available through the GSA Information Center.

## Office of the Assistant Secretary for Acquisition and Facilities

The Office of the Assistant Secretary for Acquisition and Facilities is responsible to the Secretary and Deputy Secretary for the provision of policy level management and/or oversight of VA's acquisition, materiel management, canteen service, national security, law enforcement, and emergency preparedness programs. The Assistant Secretary is also responsible for providing administrative assistance to the Deputy Secretary in the management of the Office of Small and Disadvantaged Business Utilization. Additional responsibilities include serving as the Senior Procurement Executive and the principal liaison on procurement issues with General Services Administration, the Interagency Council on Metric Policy, and the Office of Federal Procurement Policy within the Office of Management and Budget.

During FY 1994, this organization undertook numerous activities to improve the quality of service to our Nation's veterans, including the redevelopment of Pershing Hall in Paris, France, and the closing of VA's supply depots, which resulted in transitioning to commercial distribution systems for pharmaceutical, medical/surgical, and subsistence items.

### Acquisition and Materiel Management

In October 1993, President Clinton signed a memo on improving the Federal Government procurement process through electronic commerce. One of the first milestones prescribed was the establishment of initial electronic commerce capability through the Federal virtual network for various purchasing processes by September 30, 1994. On September 23, 1994, VA issued three Requests for Quotations through the network from VAMC Temple, TX, with a bid due date of September 28, 1994. Seventeen quotes were received from seven vendors. The VAMC Temple issued awards to two small businesses and one minority-owned small business. Two of the vendors were new business partners with the VAMC, including the minority-owned business. VA issued a public award notice on September 30, 1994, thereby successfully meeting the President's milestone. This pilot project has clearly shown that using this technology enhances the responsiveness of the business process, results in favorable pricing, and increases small and disadvantaged business participation.

Since November 1993, the Office of Acquisition and Materiel Management (OA&MM) and the Somerville Supply Depot have been involved in locating and distributing surplus federally owned clothing, supplies, and food to homeless veterans across the country. During FY 1994, VA distributed \$4 million worth of surplus clothing and supplies to homeless veterans.

OA&MM has successfully ceased distribution operations from VA's centralized supply depots as of September 30, 1994, one year ahead of the original schedule. All VA facilities are now receiving pharmaceutical, medical/surgical, and subsistence items directly from commercial distribution sources. VA's National Acquisition Center is continuing to award alternative national and regional contracts with commercial distribution sources to obtain improved pricing and efficiencies on a range of commodities that are many times broader than what was previously supplied through the VA depot systems. The reengineering of this process, that has served VA and other Government agencies for over 50 years, resulted in a one-time savings in VA inventory assets of approximately \$89 million and a recurring annual cost avoidance of over \$10 million and 289 FTE. The savings from cost avoidance will be applied to improving medical care for our Nation's veterans.

With the discontinuance of the centralized depot distribution system, the Supply Fund will continue to serve an important role in providing supply support to VA. Future emphasis will be on services and working in partnership with commercial distribution systems to achieve the best value for VA customers. A new area of opportunity is to use Supply Fund resources to fund investment projects such as purchasing medical equipment to lease back to VAMCs. The use of revolving funds or franchise funds for this purpose was prominently recommended by the National Performance Review.

A Compensated Work Therapy program is being established at the Somerville Supply Depot due to the phase-out of depot operations. The objective of the program is to provide homeless veterans with job skills in materiel management activities while at the same time continuing the identification and distribution of surplus property to support national homeless programs.

A contract valued at \$577,000 was awarded to the National Academy of Sciences to study the effects of nuclear radiation on veterans participating in the Crossroads Experiment in the Solomon Islands during World War II.

Nine separate contracts were awarded totaling over \$31 million to replace telephone systems at Pittsburgh, PA, Oklahoma City, OK, Atlanta, GA, St. Louis, MO, Denver, CO, Richmond, VA, Alexandria and Shreveport, LA, Brockton, MA, and Poplar Bluff, MO.

### Security and Law Enforcement

In FY 1994, the Office of Security and Law Enforcement, Police and Security Service, conducted 46 site inspections of its 171 field police and security service operations. The inspections ensure that services provided to the facilities for the protection of VA employees, patients, visitors, and property meet the



standards set for top quality VA police operations. During FY 1994, Police and Security Service also conducted investigations involving unlawful activity occurring on VA property and provided protective detail for the Secretary.

The VA Law Enforcement Training Center in Little Rock, AR, provided in excess of 37,560 hours of training to VA Police and Security Service personnel nationwide during FY 1994. Also, special training programs were added to the basic and supervisory course curriculum. These new courses include sensitivity training on critical topics such as sexual harassment, multi-cultural diversity, and quality customer service delivery. The purpose of these courses is to increase VA police officers' awareness of these issues and improve interaction with VA's customers, visitors, and other VA staff. Construction of the expanded VA Law Enforcement Training Center is scheduled to be completed during the first quarter of FY 1995.

As part of Phase I of the Prospectus Project, the Office of Security and Law Enforcement coordinated and guided the installation of a state-of-the-art security system in VACO. The new system provides a secure working environment for VA employees; yet allows easy access to veterans seeking services and assistance. With Phase II of the Prospectus Project, renovation of the headquarters building, this Office will implement the expansion of the state-of-the-art security system to include headquarters-wide coverage.

The Office of Security and Law Enforcement serves as the designated coordinator for National Security and Emergency Preparedness policy and planning. During FY 1994, the office coordinated VA's disaster response and recovery activities for the Northridge earthquake in California and the floods in Georgia as designated under the Federal Response Plan. This Plan serves as the basis for the provision of Federal assistance to a State and its local governments affected by a catastrophic or significant disaster or emergency.

As a result of the response and recovery activities relative to these two events, this office worked closely with other Federal departments and agencies in identifying Federal Response Plan measures in need of modification and/or improvement.

## **Veterans Canteen Service**

During 1994, the Veterans Canteen Service (VCS) participated as one of five organizational components within VA chosen to develop the Department's Customer Service Plan. The VCS Customer Service Standards brochure was published and distributed to all canteens in

October 1994. The VCS brochure defines the mission, describes the services, details commitment to quality service, and outlines customer service standards. The VCS has had a long-standing corporate commitment to the highest possible customer service standards. The National Performance Review has presented an excellent opportunity to publicize that commitment.

In March 1994, the VCS instituted a management recruitment initiative designed to support the Secretary's goal of "to become an employer of choice." The VCS Human Resources Management staff contacted 24 colleges and universities with prominent programs in marketing and business administration to initiate recruitment activities. Fourteen schools responded with invitations for VCS to send recruiters. One or more VCS recruiters visited each of the 14 schools to recruit candidates for the VCS management training program.

During FY 1994, VCS continued an aggressive program to renovate, upgrade, and modernize dining facilities within VAMCs. Outdated cafeterias are being converted to modern, attractive, and efficient food courts. These food courts serve outpatients, employees, volunteers, and visitors. New operating standards were implemented, which improved the quality of food, made its presentation more appealing, accelerated the speed of service, and offered more value to the customer. Non-appropriated funds paid for the equipment, fixtures, and decor in this conversion process. The new concept shops specialize in fresh baked pizza; deli sandwiches; roasted chicken; a variety of hot, wholesome meals; and packaged foods.

The first of what is expected to be 30 to 40 Burger King kiosks opened in the VAMC Columbia, SC, food court on September 16, 1994. Beyond the food court service area, dining rooms have also received face-lifts. The goal is to create a comfortable and attractive "oasis" within the hospital environment. The new food courts have achieved sales gains of 50-100 percent -- a true measure of overwhelming customer support and acceptance.

Renovation projects continued at a brisk pace in the VCS retail stores as well. Retail stores are being transformed from small, stogy, and dull facilities to modern, well lit, and attractive stores that are well organized and easy to shop. New state-of-the-art fixtures are being used, which are more attractive and more efficient. VCS sales associates now receive more frequent and more in-depth training in customer service, courtesy, product knowledge, and visual merchandising. VCS front line sales associates have been empowered to resolve customers' problems at the first point of contact. VCS' commitment is satisfaction guaranteed for every customer, on every visit, to every facility.

## **Office of the Assistant Secretary for Congressional Affairs**

The Office of the Assistant Secretary works with Congress to promote the Department's policies and legislative agenda. The Office of Congressional Affairs (OCA) is the principal point of contact between the Department and Congress and is the oversight and coordinating body for the Department's congressional relations.

The office serves in an advisory capacity to the Secretary, Deputy Secretary, and top VA executives concerning the policies, programs, and legislative

matters in which Congress, congressional committees, or individual Members of Congress have expressed an interest. OCA staff maintains regular contact with congressional staff to educate them on VA policy and legislative proposals and to learn congressional expectations from them with respect to the Department's role and responsibilities and pending legislation relating to the Department.

In FY 1994, OCA monitored or participated in more than 103 congressional hearings; and its House and Senate Liaison offices, located on Capitol Hill, handled 7,756 constituent cases that were brought to them by Members of Congress.

Table 55 -- Net Outlays--Fiscal Year 1994 and Fiscal Year 1993

(In thousands)

<i>Outlays</i>	<i>Fiscal Year 1994</i>	<i>Fiscal Year 1993 (1)</i>
<b>Total</b> .....	\$36,775,294	\$34,024,998
<b>Total Medical Programs</b> .....	\$15,578,580	\$14,760,796
Medical Care.....	\$15,115,925	\$14,295,510
Medical Care Cost Recovery Fund.....	\$94,979	\$89,187
Medical and Prosthetic Research.....	\$240,845	\$246,030
Medical Administration and Miscellaneous Operating Expenses.....	\$73,634	\$61,412
Medical Facilities Revolving Fund.....	(\$2,039)	\$0
Grants for Construction of State Extended Care Facilities.....	\$44,509	\$55,760
Grants to the Republic of the Philippines.....	\$998	\$450
Assistance for Health Manpower Training Institutions.....	\$0	\$0
Canteen Service Revolving Fund.....	\$1,700	\$2,793
Special Therapeutic and Rehabilitative Activities Fund.....	(\$1,211)	(\$437)
Nursing Home Revolving Fund.....	(\$70)	(\$47)
Nursing Scholarship Program.....	\$9,310	\$10,139
<b>Total Benefits Programs</b> .....	\$19,458,252	\$17,798,824
Compensation.....	\$14,346,579	\$13,052,107
Pension.....	\$4,099,023	\$3,789,321
Burial Benefits & Miscellaneous Assistance.....	\$186,319	\$170,115
Emergency Veterans Job Training.....	(\$6)	(\$16)
Readjustment Benefits.....	\$1,122,552	\$854,491
Reinstated Entitlement Program for Survivors.....	(\$5,819)	(\$7,366)
Loan Guaranty Credit Reform Accounts.....	(\$19,671)	\$152,790
Vocational Rehabilitation Credit Reform Accounts.....	\$675	\$819
Direct Loan Credit Reform Accounts.....	(\$4,141)	(\$6,060)
Guaranty Indemnity Credit Reform Accounts.....	(\$396,381)	(\$263,248)
Education Loan Credit Reform Accounts.....	(\$608)	(\$1,218)
Veterans Insurance and Indemnities.....	\$14,554	\$21,866
Service-Disabled Veterans Insurance Fund.....	\$10,573	(\$5,402)
Veterans Reopened Insurance Fund.....	(\$5,781)	(\$7,864)
Servicemen's Group Life Insurance Fund.....	\$109,911	\$47,990
Native American Veteran Housing Loan Program.....	\$473	\$500
<b>Construction Programs</b> .....	\$647,769	\$560,809
Construction, Major Projects.....	\$456,781	\$396,568
Construction, Minor Projects.....	\$171,819	\$153,351
Construction, Minor Projects (Corps of Engineers).....	\$0	\$0
Parking Garage Revolving Fund.....	\$18,940	\$10,516
Pershing Hall Revolving Fund.....	\$229	\$374
<b>Trust Funds (Net)</b> .....	\$223,430	\$73,474
Post-Vietnam Era Veterans Education.....	\$79,902	\$102,755
General Post Fund, National Homes.....	\$27,079	\$27,675
National Service Life Insurance Fund.....	\$1,223,765	\$1,127,394
U.S. Government Life Insurance Fund.....	\$19,138	\$20,337
Veterans Special Life Insurance Fund.....	(\$48,032)	(\$55,903)
National Cemetery Gift Fund.....	\$62	(\$6)
Transitional Housing Loan Program.....	\$59	(\$28)
Proprietary Receipts from the Public.....	(\$1,078,543)	(\$1,148,750)
<b>Intragovernmental Transactions</b> .....	(\$38,765)	(\$75,110)
<b>General Operating Expenses and Miscellaneous</b> .....	\$906,028	\$906,206
General Operating Expenses.....	\$849,268	\$828,948
Grants for the Construction of State Veterans Cemeteries.....	\$1,673	\$4,828
Supply Fund.....	(\$58,039)	(\$24,449)
Inspector General.....	\$30,924	\$30,397
National Cemetery System.....	\$82,203	\$66,482

(1) Data from the fiscal year 1993 report were adjusted.

TABLE 56

FISCAL

Table 56 -- Appropriations, Expenditures, and Balances--Cash Basis  
Fiscal Year 1994

Account Categories	Appropriations	Outlays		Non-expenditure Transfers	Restored or Turned-in to U.S. Treasury	Investments	Cash Balance
		Fiscal Year 1994	Cumulative through September 30, 1994				
<b>General and special funds:</b>							
Compensation and Pension.....	\$373,506,666,003	\$18,631,921,181	\$373,140,416,343	(\$84,178,031)	\$0	\$0	\$282,071,629
Readjustment Benefits.....	\$75,147,884,904	\$1,122,552,278	\$74,847,008,279	(\$45,411,312)	(\$111,067,172)	\$0	\$144,398,141
Veterans Insurance and Indemnities.....	\$532,676,036	\$14,554,402	\$584,622,780	\$53,996,500	\$0	\$0	\$2,049,756
Medical Care.....	\$202,420,057,724	\$15,115,924,752	\$198,445,286,705	(\$5,033,861)	(\$1,202,020,343)	\$0	\$2,767,716,816
Medical Care Cost Recovery Fund.....	\$267,666,680	\$94,978,891	\$249,788,091	\$0	\$0	\$0	\$17,878,589
Medical and Prosthetic Research.....	\$4,069,856,242	\$240,845,165	\$3,981,874,875	\$21,000,000	(\$23,801,136)	\$0	\$85,180,231
Assistance for Health Manpower Training Institutions.....	\$296,693,000	\$0	\$295,848,182	\$0	(\$844,818)	\$0	\$0
Medical Administration and Miscellaneous Operating Expenses.....	\$1,484,077,633	\$73,634,014	\$1,420,914,535	(\$1,700,000)	(\$49,788,541)	\$0	\$11,674,558
General Operating Expenses.....	\$18,292,363,101	\$849,267,995	\$18,002,301,949	\$33,520,000	(\$208,694,479)	\$0	\$114,886,673
Construction of Hospital and Domiciliary Facilities.....	\$1,042,596,863	\$0	\$1,032,915,863	(\$9,681,000)	\$0	\$0	\$0
Construction, Major Projects.....	\$8,466,305,460	\$456,780,862	\$6,787,026,125	\$22,214,760	\$0	\$0	\$1,701,494,095
Construction, Minor Projects.....	\$2,532,238,394	\$171,818,899	\$2,296,078,079	(\$69,264,557)	(\$4,000)	\$0	\$166,891,758
Construction, Minor Projects (Corps of Engineers).....	\$0	\$0	\$2,126,796	\$2,126,796	\$0	\$0	\$0
Pershing Hall Revolving Fund.....	\$1,000,000	\$229,238	\$858,393	\$298,140	\$0	\$0	\$439,747
Grants for Construction of State Extended Care Facilities.....	\$626,510,090	\$44,508,774	\$469,807,576	\$0	(\$4,051,172)	\$0	\$152,651,342
Grants to the Republic of the Philippines.....	\$59,263,031	\$998,439	\$45,041,246	\$0	(\$13,404,200)	\$0	\$817,585
Grants for Construction of State Veterans Cemeteries.....	\$56,022,949	\$1,672,981	\$33,578,799	\$0	(\$5,063,451)	\$0	\$17,380,698
Parking Garage Revolving Fund.....	\$121,248,624	\$18,939,890	\$82,411,901	\$4,000,000	\$0	\$0	\$42,836,723
Loan Guaranty Credit Reform Accounts.....	\$4,356,933,742	(\$19,670,952)	\$6,459,040,743	\$3,565,262,344	\$0	\$0	\$1,463,155,343
Direct Loan Credit Reform Accounts.....	\$3,468,895,595	(\$4,141,057)	(\$1,345,862,859)	(\$4,797,288,587)	\$0	\$0	\$17,469,867
Canteen Service Revolving Fund.....	\$4,965,000	\$1,700,081	(\$50,741,147)	\$0	(\$12,068,086)	\$37,000,000	\$6,638,061
Rental, Maintenance and Repair of Quarters.....	\$0	\$0	(\$97,127)	\$0	(\$97,127)	\$0	\$0
Service-Disabled Veterans Insurance Fund.....	\$4,500,000	\$10,573,414	(\$6,016,134)	\$0	\$0	\$0	\$10,516,134
Soldiers' and Sailors' Civil Relief.....	\$3,528,000	\$0	\$2,011,031	(\$16,969)	(\$1,500,000)	\$0	\$0
Veterans Reopened Insurance Fund.....	\$0	(\$5,781,496)	(\$524,510,217)	\$0	\$0	\$523,767,000	\$743,217
Special Therapeutic and Rehabilitation Activities Fund.....	\$0	(\$1,210,561)	(\$3,637,581)	\$0	\$0	\$0	\$3,637,581
Vocational Rehabilitation Credit Reform Accounts.....	\$6,307,000	\$674,706	\$2,843,997	\$613,242	(\$1,600,000)	\$0	\$2,476,246
Education Loan Credit Reform Accounts.....	\$808,032	(\$607,711)	\$1,385,113	\$8,322,000	\$0	\$0	\$7,744,919
Servicemen's Group Life Insurance Fund.....	\$0	\$109,910,671	(\$40,894,218)	\$0	\$0	\$41,367,999	(\$473,781)
Supply Fund.....	\$130,000,000	(\$58,039,448)	(\$131,509,793)	(\$45,071,400)	(\$15,677,579)	\$0	\$200,760,814
Reinstated Entitlement Program for Survivors.....	\$51,000,000	(\$5,818,865)	\$21,421,237	\$0	(\$7,851,268)	\$0	\$21,727,495
Emergency Veterans Job Training.....	\$160,000,000	(\$5,912)	\$200,440,269	\$45,500,000	(\$11,361)	\$0	\$5,048,371
Nursing Home Revolving Fund.....	\$0	(\$69,949)	(\$380,492)	\$0	\$0	\$0	\$380,492
Nurse Scholarship Program.....	\$40,724,869	\$9,309,544	\$26,085,673	\$0	\$0	\$0	\$14,639,196
Guaranty Indemnity Fund Reform Accounts.....	\$2,615,147,874	(\$396,381,468)	(\$1,161,402,756)	\$228,399,402	\$0	\$0	\$4,004,950,031
Inspector General.....	\$138,741,677	\$30,923,708	\$132,879,268	\$480,000	\$0	\$0	\$6,342,409
National Cemetery System.....	\$208,220,000	\$82,202,671	\$196,538,448	\$0	\$0	\$0	\$11,681,552
Health Professional Education Loan Payment Program.....	\$5,000,000	\$0	\$0	\$0	(\$5,000,000)	\$0	\$0
Native American Veteran Housing Loan Program.....	\$5,156,000	\$472,853	\$972,853	\$703,365	\$0	\$0	\$4,886,512
Medical Facilities Revolving Fund.....	\$6,000,000	(\$2,038,820)	(\$2,038,820)	\$0	\$0	\$0	\$8,038,820
Total: Appropriation and Funds.....	\$700,129,054,523	\$36,590,629,169	\$685,494,434,006	(\$1,071,209,168)	(\$1,662,544,733)	\$602,134,999	\$11,298,731,617
Deduct Proprietary receipts from the Public.....	\$0	\$734,248,974	\$0	\$0	\$0	\$0	\$0
Total: Federal Funds.....	\$700,129,054,523	\$35,856,380,195	\$685,494,434,006	(\$1,071,209,168)	(\$1,662,544,733)	\$602,134,999	\$11,298,731,617

Table 56 (continued) -- Appropriations, Expenditures, and Balances--Cash Basis

Fiscal Year 1994

Account Categories	Appropriations	Outlays		Non-expenditure Transfers	Restored or Turned in to U.S. Treasury	Investments	Cash Balance
		Fiscal Year 1994	Cumulative through September 30, 1994				
<b>Trust funds:</b>							
Post Vietnam Era Veterans Education.....	\$1,949,201,817	\$79,901,613	\$2,477,895,460	\$784,848,337	\$0	\$0	\$256,154,694
General Post Fund, National Homes.....	\$364,654,586	\$27,078,789	\$326,213,510	\$0	(\$386)	\$38,279,000	\$161,690
National Service Life Insurance Fund.....	\$50,814,393,138	\$1,223,765,416	\$38,948,490,483	\$0	(\$89)	\$11,852,344,000	\$13,558,566
U.S. Government Life Insurance Fund.....	\$4,196,001,696	\$19,138,368	\$4,078,252,874	\$0	(\$1,811,199)	\$115,384,000	\$553,623
Veterans Special Life Insurance Fund.....	\$250,000	(\$48,032,459)	(\$1,565,541,879)	(\$51,150,000)	(\$4,250,000)	\$1,508,923,000	\$1,468,879
National Cemetery Gift Fund.....	\$243,382	\$62,184	\$150,733	\$0	\$0	\$0	\$92,649
Transitional Housing Loan Program.....	\$203,000	\$59,000	\$31,000	\$0	(\$172,000)	\$0	\$0
Sub-Total: Trust Funds.....	\$57,324,947,620	\$1,301,972,910	\$44,265,492,181	\$733,698,337	(\$6,233,674)	\$13,514,930,000	\$271,990,102
Deduct: Proprietary Receipts from the Public...	\$0	\$344,293,986	\$0	\$0	\$0	\$0	\$0
Total Trust Funds.....	\$57,324,947,620	\$957,678,924	\$44,265,492,181	\$733,698,337	(\$6,233,674)	\$13,514,930,000	\$271,990,102
Deduct: Intragovernmental Transactions.....	\$0	\$38,765,481	\$0	\$0	\$0	\$0	\$0
Total: Department of Veterans Affairs.....	\$757,454,002,143	\$36,775,293,638	\$729,759,926,187	(\$337,510,831)	(\$1,668,778,407)	\$14,117,064,999	\$11,570,721,719



TABLE 57

FISCAL

Table 57 -- Estimated Selected Expenditures by State (1) -- Fiscal Year 1994

Expenditures by State (1) - Fiscal Year 1994							
State	Total of Selected Expenditures (\$000) (2)	Total Readjustment Benefits (\$000) (2)	Post-Vietnam Conflict (Chapter 32) Amount (\$000)	Readjustment Benefits			
				Education Assistance			
				Montgomery GI Bill		Selected Reserve	
				Active Duty Chapter 30		Chapter 106	
				Trained During Fiscal Year	Amount (\$000)	Trained During Fiscal Year (3)	Amount (\$000)
US-total (2).....	\$37,065,479	\$1,353,964	\$74,621	274,208	\$742,457	101,411	\$121,645
Alabama.....	785,715	32,530	1,307	6,049	16,851	3,984	4,603
Alaska.....	66,312	5,414	492	1,261	2,460	0	267
Arizona.....	670,660	33,104	1,687	7,851	20,355	1,518	1,568
Arkansas.....	587,811	15,226	439	2,327	6,983	1,867	2,261
California.....	3,365,923	125,891	8,009	29,201	77,984	6,392	7,125
Colorado.....	516,016	32,789	1,999	6,823	18,100	1,289	1,532
Connecticut.....	385,507	10,284	619	1,562	4,448	1,171	1,541
Delaware.....	110,636	3,533	190	656	1,640	0	345
District of Columbia.....	967,169	3,433	236	806	1,130	1	164
Florida.....	2,298,565	82,537	4,626	19,681	52,348	3,481	3,574
Georgia.....	1,032,498	44,585	3,214	9,795	27,297	3,832	3,159
Hawaii.....	150,428	7,803	824	2,494	4,565	1	361
Idaho.....	140,717	8,451	405	1,747	4,893	753	907
Illinois.....	1,299,820	49,215	2,167	11,582	32,326	1	6,096
Indiana.....	591,100	23,285	1,282	4,341	11,484	2,451	2,813
Iowa.....	391,646	15,431	674	2,465	7,319	0	2,343
Kansas.....	402,285	16,616	985	3,515	9,719	0	2,023
Kentucky.....	576,813	21,932	1,138	4,052	11,663	1,546	1,772
Louisiana.....	662,189	26,150	793	4,471	13,187	4,688	6,365
Maine.....	242,324	8,744	340	1,033	3,023	528	632
Maryland.....	581,570	22,837	1,954	5,973	10,641	1,038	1,704
Massachusetts.....	1,035,435	21,606	1,125	2,932	7,945	2,525	3,549
Michigan.....	1,013,182	34,797	2,453	8,309	21,196	2,432	2,703
Minnesota.....	610,199	25,701	1,227	4,459	13,022	1	3,939
Mississippi.....	510,578	13,510	375	1,996	5,802	2,465	3,240
Missouri.....	843,611	29,324	1,396	5,537	14,101	14,569	2,866
Montana.....	135,931	7,508	293	1,227	3,906	528	763
Nebraska.....	272,180	12,676	496	2,604	7,111	1,541	1,944
Nevada.....	215,290	9,082	520	1,495	3,775	0	303
New Hampshire.....	157,206	6,493	367	777	2,257	1	518
New Jersey.....	732,046	16,633	1,161	2,750	7,132	1,455	1,688
New Mexico.....	327,691	13,368	682	3,094	8,612	0	931
New York.....	2,364,552	51,795	4,151	8,544	26,795	5,390	4,380
North Carolina.....	1,033,147	46,054	2,701	8,946	26,253	2,331	3,013
North Dakota.....	96,071	6,850	195	1,034	3,406	0	1,412
Ohio.....	1,290,547	46,852	2,534	9,799	24,838	3,803	4,608
Oklahoma.....	667,384	27,678	1,162	4,954	12,936	4,200	2,599
Oregon.....	539,912	21,609	1,014	3,858	11,082	1,122	1,245
Pennsylvania.....	1,615,823	45,247	2,345	8,094	23,358	3,884	4,895
Rhode Island.....	169,601	5,207	283	776	1,828	0	543
South Carolina.....	523,427	25,556	1,234	5,063	13,657	2,249	2,723
South Dakota.....	198,971	8,383	300	1,111	3,793	976	1,312
Tennessee.....	927,700	28,630	1,418	5,303	15,395	1,953	2,383
Texas.....	2,649,635	106,722	4,985	24,102	63,069	5,661	6,241
Utah.....	236,066	11,311	516	1,717	4,805	1,814	2,014
Vermont.....	106,809	2,820	96	289	909	0	318
Virginia.....	995,424	51,903	3,834	11,474	28,969	2,219	3,095
Washington.....	793,159	47,044	2,567	9,672	27,562	1,637	1,861
West Virginia.....	431,465	10,257	268	1,432	4,519	1,060	1,405
Wisconsin.....	647,126	25,644	1,390	4,323	13,504	2,770	3,675
Wyoming.....	99,606	3,916	153	852	2,504	284	324

(1) Expenditures for Compensation and Pension for the 50 states and D.C. were derived from the Department of Defense, Office of Management and Administration, Bureau of Personnel, Office of Compensation and Pensions, and the Department of Defense, Office of Management and Administration, Bureau of Personnel, Office of Compensation and Pensions, and the Department of Defense, Office of Management and Administration, Bureau of Personnel, Office of Compensation and Pensions.

(1) Expenditures for Compensation and Pension for the 50 states and D.C. were derived from the Federal Assistance Awards Data System (FAADS) and are gross expenditures. Education expenditures come from the COIN EDU 666. Information for Insurance and Indemnities for the 50 states and D.C. are statistical estimates. All other dollar estimates are derived from VA accounting reports.

Table 57 (continued) -- Estimated Selected Expenditures by State (1) -- Fiscal Year 1994

State	Readjustment Benefits (continued)								Insurance and Indemnities Amount (\$000)	Hospital Domiciliary and other Construction Amount (\$000)	Medical Services and Administrative Costs Amount (\$000)
	Education Assistance (continued)			Vocational Rehabilitation (Title 38, U.S.C., Ch 31)		Automobiles and other Conveyances for Disabled Veterans (\$000)	Specially Adapted Housing for Disabled Veterans (\$000)				
	Dependents Educational Assistance (Title 38, U.S.C., Ch. 35)										
	Total Trained During FY		Amount (\$000)	Trained During Fiscal Year	Amount (\$000)						
	Sons and Daughters	Widow(er)s and Spouses									
US--total.....	33,714	4,422	\$102,341	43,668	\$274,540	\$24,861	\$8,006	\$1,975,804	\$627,015	16,470,058	
Alabama.....	1,025	133	3,146	958	5,791	515	266	27,060	37,284	292,424	
Alaska.....	68	12	227	399	1,920	25	0	2,678	11,210	2,145	
Arizona.....	810	147	2,256	1,015	6,070	960	196	38,552	4,963	269,036	
Arkansas.....	626	70	1,970	474	2,920	354	158	17,078	4,837	242,797	
California.....	2,872	413	8,325	3,588	20,883	2,453	510	219,313	62,273	1,623,737	
Colorado.....	598	103	1,840	1,344	8,556	439	112	31,135	647	192,858	
Connecticut.....	173	13	673	358	2,617	180	190	33,242	4,582	201,525	
Delaware.....	83	18	252	222	1,049	28	0	5,850	4,518	55,102	
District of Columbia.....	114	5	243	153	1,645	15	0	4,362	8,424	897,908	
Florida.....	2,410	352	7,018	2,095	11,795	2,064	762	163,325	41,632	759,754	
Georgia.....	1,262	174	4,079	977	5,901	669	194	43,687	13,717	379,525	
Hawaii.....	118	19	411	283	1,528	89	0	15,054	5,504	52,309	
Idaho.....	182	27	520	274	1,570	112	0	7,867	457	51,257	
Illinois.....	639	66	1,998	812	5,876	514	190	87,060	16,598	752,069	
Indiana.....	546	61	1,515	951	5,515	502	114	30,188	24,117	247,372	
Iowa.....	229	19	654	434	3,868	319	232	23,448	4,574	202,763	
Kansas.....	400	58	1,248	434	2,452	132	0	19,770	8,263	195,742	
Kentucky.....	704	89	1,913	910	5,040	264	113	19,475	3,374	218,943	
Louisiana.....	598	77	1,951	551	3,454	360	0	24,498	7,771	281,976	
Maine.....	335	56	1,133	490	3,264	153	190	9,791	6,937	76,526	
Maryland.....	472	73	1,544	1,200	6,358	471	74	43,068	4,695	232,300	
Massachusetts.....	710	48	2,080	703	6,089	502	273	55,625	7,481	510,201	
Michigan.....	876	77	2,448	810	5,208	632	0	55,883	91,739	400,762	
Minnesota.....	383	45	1,333	708	5,295	725	114	40,079	9,091	290,195	
Mississippi.....	508	54	1,634	322	1,949	193	309	14,772	2,655	219,102	
Missouri.....	616	100	2,009	1,109	8,132	656	38	38,651	12,740	405,640	
Montana.....	131	11	407	316	1,989	59	0	7,649	1,036	47,908	
Nebraska.....	349	44	1,053	337	1,899	120	38	13,918	264	130,460	
Nevada.....	131	14	410	637	3,908	74	76	11,275	2,330	87,036	
New Hampshire.....	198	20	630	319	2,295	177	190	10,095	101	49,515	
New Jersey.....	407	46	1,663	710	4,526	417	0	72,964	7,234	282,614	
New Mexico.....	350	39	943	369	1,838	222	76	13,267	2,661	140,968	
New York.....	1,335	110	4,171	1,467	10,846	957	118	143,402	31,316	1,274,225	
North Carolina.....	1,464	229	4,603	1,277	8,081	906	403	44,245	18,596	345,783	
North Dakota.....	99	6	352	196	1,408	37	0	5,249	1,631	44,385	
Ohio.....	904	96	2,705	1,262	10,235	1,539	190	77,523	6,872	553,423	
Oklahoma.....	1,035	148	2,869	1,450	7,318	434	228	22,279	9,897	197,974	
Oregon.....	352	56	1,013	973	6,609	464	38	24,374	5,138	257,743	
Pennsylvania.....	919	96	2,834	1,145	10,262	839	114	104,254	11,651	752,636	
Rhode Island.....	177	10	475	206	1,840	122	38	8,579	1,668	74,939	
South Carolina.....	857	136	2,503	991	4,604	390	392	25,104	1,197	183,512	
South Dakota.....	140	18	416	376	2,365	95	76	5,818	2,727	120,560	
Tennessee.....	762	93	2,176	1,114	5,866	865	431	29,216	7,290	448,757	
Texas.....	3,165	441	9,415	3,698	20,319	1,485	772	112,710	78,768	1,019,808	
Utah.....	317	47	899	458	2,815	184	0	11,399	7,153	125,459	
Vermont.....	74	9	232	142	1,199	19	37	4,471	444	58,294	
Virginia.....	1,400	209	4,592	1,637	10,427	738	228	56,910	7,397	348,214	
Washington.....	830	132	2,566	1,647	11,180	701	280	43,561	6,549	290,245	
West Virginia.....	329	38	999	430	2,811	175	0	10,850	7,365	221,392	
Wisconsin.....	551	55	1,796	789	4,523	487	208	41,402	5,023	301,780	
Wyoming.....	81	10	199	148	632	31	38	3,779	2,628	58,462	
2) The totals for "Readjustment Benefits" are the sum of the above figures.											

2) The totals for "Readjustment Benefits" are the sums of the programs shown plus \$5.1 million for the Service Members Occupational Conversion Training Act (SMOCTA) which is not shown.

3) As reported by station of jurisdiction which may report for more than one state.

TABLE 57

FISCAL

Table 57 (continued) -- Estimated Selected Expenditures by State (1) -- Fiscal Year 1994

State	Compensation and Pension								
	Living and Deceased Veterans							Living Veterans	
	Total		Burial	Service-Connected		Nonservice-Connected		Total	
	Number	Amount (\$000)	Benefits (\$000)	Number	Amount (\$000)	Number	Amount (\$000)	Number	Amount (\$000)
US--total.....	3,254,932	\$16,638,638	\$58,558	2,474,684	\$13,619,967	780,248	\$2,960,113	2,604,420	\$12,906,987
Alabama.....	78,829	396,416	1,375	52,860	284,684	25,969	110,357	58,216	288,352
Alaska.....	7,940	44,865	57	7,571	42,894	369	1,913	7,460	40,910
Arizona.....	58,518	325,004	978	49,893	288,844	8,625	35,182	49,291	254,748
Arkansas.....	50,579	307,873	1,173	33,308	238,527	17,271	68,173	37,908	239,334
California.....	270,727	1,334,710	4,117	219,440	1,152,717	51,287	177,876	220,024	992,633
Colorado.....	49,271	258,587	605	42,541	231,380	6,730	26,601	41,557	202,924
Connecticut.....	29,667	135,874	524	25,023	121,090	4,644	14,260	25,250	110,854
Delaware.....	8,618	41,633	170	6,939	35,603	1,679	5,860	7,069	32,423
District of Columbia.....	9,026	53,043	165	6,169	40,339	2,857	12,539	6,979	39,630
Florida.....	238,368	1,251,318	3,114	198,620	1,105,840	39,748	142,364	197,330	971,126
Georgia.....	104,509	550,984	1,929	76,620	447,248	27,889	101,807	79,384	406,135
Hawaii.....	12,732	69,758	165	11,521	64,618	1,211	4,975	10,949	55,431
Idaho.....	14,016	72,685	265	11,520	62,087	2,496	10,333	12,001	59,525
Illinois.....	89,023	394,878	2,132	62,120	288,105	26,903	104,641	70,863	307,636
Indiana.....	55,755	266,138	993	41,784	213,672	13,971	51,473	44,972	212,343
Iowa.....	29,399	145,429	688	21,069	111,569	8,330	33,173	23,337	115,236
Kansas.....	31,129	161,895	642	23,529	129,800	7,600	31,453	24,963	126,315
Kentucky.....	58,944	313,089	1,180	38,111	226,760	20,833	85,148	44,493	240,883
Louisiana.....	63,277	321,795	1,163	36,997	213,673	26,280	106,959	45,208	235,274
Maine.....	23,256	140,325	405	17,206	117,406	6,050	22,513	19,154	117,688
Maryland.....	55,153	278,670	1,079	44,779	240,837	10,374	36,754	44,333	209,629
Massachusetts.....	90,525	440,523	1,507	75,595	393,556	14,930	45,460	75,745	356,422
Michigan.....	93,653	430,001	1,380	72,341	347,597	21,312	81,024	77,228	350,685
Minnesota.....	51,390	245,133	1,182	39,145	198,414	12,245	45,537	42,176	198,689
Mississippi.....	48,002	260,539	1,027	27,823	183,343	20,179	76,170	34,139	193,923
Missouri.....	67,617	357,256	1,425	46,474	265,774	21,143	90,057	52,523	277,006
Montana.....	13,182	71,830	246	10,352	61,014	2,830	10,570	11,330	61,174
Nebraska.....	20,752	114,862	453	15,669	91,483	5,083	22,926	16,824	91,615
Nevada.....	22,220	105,568	418	18,636	91,159	3,584	13,991	19,343	84,780
New Hampshire.....	16,719	91,002	288	14,220	80,863	2,499	9,851	14,350	75,416
New Jersey.....	77,252	352,601	1,305	64,885	312,051	12,367	39,245	64,720	281,182
New Mexico.....	28,032	157,428	426	22,053	133,517	5,979	23,485	23,075	125,396
New York.....	180,913	863,814	3,773	136,280	709,995	44,633	150,046	146,100	694,641
North Carolina.....	108,132	578,470	1,820	76,158	454,132	31,974	122,518	81,844	433,219
North Dakota.....	8,031	37,956	181	5,982	29,574	2,049	8,202	6,709	31,508
Ohio.....	127,478	605,877	2,189	96,132	482,272	31,346	121,415	103,510	483,509
Oklahoma.....	64,837	409,556	1,252	46,162	310,834	18,675	97,470	51,130	324,660
Oregon.....	41,447	231,048	721	32,288	190,148	9,159	40,178	34,719	188,326
Pennsylvania.....	148,652	702,035	2,835	111,177	575,082	37,475	124,118	117,879	552,091
Rhode Island.....	15,223	79,208	350	12,350	69,303	2,873	9,555	12,557	63,285
South Carolina.....	57,238	288,058	1,156	39,020	219,404	18,218	67,498	42,350	207,635
South Dakota.....	11,572	61,483	297	8,040	45,586	3,532	15,600	9,443	50,505
Tennessee.....	79,751	413,807	1,679	51,656	304,708	28,095	107,420	59,569	313,633
Texas.....	247,939	1,331,626	4,446	188,353	1,102,254	59,586	224,926	193,861	999,636
Utah.....	15,763	80,745	277	13,313	70,803	2,450	9,665	13,535	66,262
Vermont.....	7,320	40,781	157	5,593	34,506	1,727	6,118	6,010	33,199
Virginia.....	100,056	531,001	1,860	79,481	454,537	20,575	74,604	79,049	391,930
Washington.....	78,647	405,760	1,070	68,917	365,966	9,730	38,724	67,423	322,175
West Virginia.....	32,992	181,601	798	21,491	132,205	11,501	48,598	25,216	142,172
Wisconsin.....	54,846	273,277	999	42,493	225,473	12,353	46,805	46,084	227,515
Wyoming.....	6,015	30,821	122	4,985	26,722	1,030	3,977	5,238	25,772

Table 57 (continued) -- Estimated Selected Expenditures by State (1) -- Fiscal Year 1994

State	Compensation and Pension--Continued									
	Living Veterans--Continued					Deceased Veterans				
	Service-Connected		Nonservice-Connected		Total	Service-Connected		Nonservice-Connected		
	Number	Amount (\$000)	Number	Amount (\$000)		Number	Amount (\$000)	Number	Amount (\$000)	
<b>US--total.....</b>	<b>2,182,465</b>	<b>\$10,775,024</b>	<b>421,955</b>	<b>\$2,131,963</b>	<b>650,512</b>	<b>\$3,673,093</b>	<b>292,219</b>	<b>\$2,844,943</b>	<b>358,293</b>	<b>\$828,150</b>
Alabama.....	45,584	216,030	12,632	72,322	20,613	106,689	7,276	68,654	13,337	38,035
Alaska.....	7,197	39,314	263	1,596	480	3,897	374	3,581	106	317
Arizona.....	43,865	227,343	5,426	27,404	9,227	69,278	6,028	61,500	3,199	7,778
Arkansas.....	28,284	190,368	9,624	48,966	12,671	67,366	5,024	48,159	7,647	19,207
California.....	190,059	860,022	29,965	132,612	50,703	337,960	29,381	292,695	21,322	45,265
Colorado.....	37,694	182,540	3,863	20,384	7,714	55,058	4,847	48,841	2,867	6,217
Connecticut.....	22,918	100,348	2,332	10,505	4,417	24,496	2,105	20,741	2,312	3,755
Delaware.....	6,184	28,193	885	4,230	1,549	9,040	755	7,410	794	1,630
District of Columbia.....	5,273	29,871	1,706	9,759	2,047	13,248	896	10,468	1,151	2,780
Florida.....	173,976	865,108	23,354	106,018	41,038	277,077	24,644	240,732	16,394	36,346
Georgia.....	65,202	337,102	14,182	69,033	25,125	142,920	11,418	110,146	13,707	32,774
Hawaii.....	10,226	51,672	723	3,759	1,783	14,162	1,295	12,946	488	1,215
Idaho.....	10,403	51,226	1,598	8,299	2,015	12,895	1,117	10,861	898	2,034
Illinois.....	55,938	230,656	14,925	76,980	18,160	85,111	6,182	57,449	11,978	27,661
Indiana.....	37,692	175,624	7,280	36,719	10,783	52,802	4,092	38,048	6,691	14,754
Iowa.....	18,875	90,375	4,462	24,861	6,062	29,506	2,194	21,194	3,868	8,312
Kansas.....	20,782	103,010	4,181	23,305	6,166	34,938	2,747	26,790	3,419	8,148
Kentucky.....	32,961	179,020	11,532	61,863	14,451	71,026	5,150	47,740	9,301	23,286
Louisiana.....	31,540	162,197	13,668	73,077	18,069	85,358	5,457	51,476	12,612	33,882
Maine.....	15,392	99,969	3,762	17,719	4,102	22,231	1,814	17,437	2,288	4,794
Maryland.....	39,060	184,094	5,273	25,535	10,820	67,963	5,719	56,744	5,101	11,219
Massachusetts.....	68,590	323,529	7,155	32,894	14,780	82,593	7,005	70,027	7,775	12,567
Michigan.....	65,973	290,866	11,255	59,820	16,425	77,936	6,368	56,732	10,057	21,204
Minnesota.....	35,690	164,613	6,486	34,077	9,214	45,261	3,455	33,801	5,759	11,460
Mississippi.....	23,333	140,827	10,806	53,096	13,863	65,590	4,490	42,516	9,373	23,074
Missouri.....	40,781	211,581	11,742	65,425	15,094	78,826	5,693	54,193	9,401	24,632
Montana.....	9,536	52,850	1,794	8,323	1,852	10,411	816	8,164	1,036	2,247
Nebraska.....	13,858	73,609	2,966	18,006	3,928	22,794	1,811	17,874	2,117	4,920
Nevada.....	16,816	73,263	2,527	11,517	2,877	20,370	1,820	17,896	1,057	2,474
New Hampshire.....	12,904	67,607	1,446	7,809	2,369	15,298	1,316	13,256	1,053	2,042
New Jersey.....	58,860	253,619	5,860	27,563	12,532	70,115	6,025	58,432	6,507	11,683
New Mexico.....	19,425	107,483	3,650	17,912	4,957	31,606	2,628	26,034	2,329	5,573
New York.....	123,702	588,042	22,398	106,599	34,813	165,401	12,578	121,954	22,235	43,447
North Carolina.....	65,432	351,727	16,412	81,492	26,288	143,431	10,726	102,405	15,562	41,026
North Dakota.....	5,517	25,294	1,192	6,214	1,322	6,268	465	4,280	857	1,988
Ohio.....	87,136	396,541	16,374	86,968	23,968	120,179	8,996	85,732	14,972	34,447
Oklahoma.....	39,872	249,151	11,258	75,509	13,707	83,644	6,290	61,683	7,417	21,961
Oregon.....	29,013	157,722	5,706	30,604	6,728	42,001	3,275	32,426	3,453	9,575
Pennsylvania.....	99,793	466,992	18,086	85,100	30,773	147,108	11,384	108,090	19,389	39,018
Rhode Island.....	11,053	56,050	1,504	7,235	2,666	15,573	1,297	13,253	1,369	2,320
South Carolina.....	33,167	163,054	9,183	44,581	14,888	79,267	5,853	56,350	9,035	22,917
South Dakota.....	7,274	38,285	2,169	12,220	2,129	10,681	766	7,301	1,363	3,380
Tennessee.....	44,630	239,403	14,939	74,230	20,182	98,495	7,026	65,305	13,156	33,190
Texas.....	161,799	839,273	32,062	160,363	54,078	327,544	26,554	262,981	27,524	64,563
Utah.....	12,079	58,692	1,456	7,570	2,228	14,207	1,234	12,112	994	2,095
Vermont.....	4,983	28,435	1,027	4,765	1,310	7,424	610	6,071	700	1,353
Virginia.....	68,319	340,184	10,730	51,745	21,007	137,211	11,162	114,352	9,845	22,858
Washington.....	61,613	291,648	5,810	30,527	11,224	82,515	7,304	74,319	3,920	8,197
West Virginia.....	18,744	107,049	6,472	35,122	7,776	38,631	2,747	25,156	5,029	13,476
Wisconsin.....	38,908	190,970	7,176	36,545	8,762	44,764	3,585	34,503	5,177	10,261
Wyoming.....	4,560	22,587	678	3,185	777	4,927	425	4,135	352	792

Table 58 -- Employment: Full-time, Part-time, and Intermittent  
by Facility Type

Facility Type	September 30, 1994	September 30, 1993
Total.....	262,432	268,035
Central Office.....	4,050	4,344
Field.....	258,382	263,691
Medical centers (separate) (1).....	173,102	176,326
Domiciliaries and medical centers (1, 2).....	60,535	62,011
Regional offices (3).....	11,182	11,762
Co-located regional office and medical centers.....	6,301	6,480
Co-located regional office and insurance centers.....	1,097	1,182
Independent outpatient clinics.....	1,271	1,220
Automation Center and Benefits Delivery Centers.....	1,010	1,077
National cemeteries.....	1,236	1,118
Supply depots and National Acquisition Center.....	259	430
Miscellaneous (4).....	2,389	2,085

(1) Reflects categorical change due to additions of domiciliary operations during the fiscal year.

(2) Includes independent domiciliary at White City, Oregon.

(3) Includes independent outpatient clinics staffed by the regional offices: Manila, PI; Honolulu, HI; and Anchorage, AK.

(4) Includes national cemetery area offices, Records Processing Center, Prosthetic Assessment Information Center, Prosthetic Distribution Center, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Center, Austin Finance Center, Veterans Canteen Service Finance Center, Veterans Canteen Regional Offices, VA Northern California System of Clinics, and Decatur Income Verification Match Program.

Table 59 -- Employment: Full-time, Part-time, and Intermittent  
by Pay System

Pay System	September 30, 1994	September 30, 1993
Total.....	262,432	268,035
General Schedule/Merit Pay.....	145,162	149,582
Title 38 (excludes canteen).....	78,527	77,012
Wage system.....	34,406	36,655
Canteen.....	3,321	3,274
Non-U.S. citizens--Manila.....	194	197
Senior Executive Service (SES).....	300	331
Others (1).....	522	984

(1) Includes stay-in-school, purchase and hire, executive pay, hospital administration residents, and experts/consultants.



**Table 60 -- Employment: Gender and Veteran Preference  
September 30, 1994**

<i>Veteran Preference</i>	<i>Total</i>	<i>Males</i>	<i>Males as a percent of total</i>	<i>Females</i>	<i>Females as a percent of total</i>
Total.....	262,432	118,686	45.2	143,746	54.8
With preference (1).....	68,659	60,608	88.3	8,051	11.7
Without preference.....	193,773	58,078	30.0	135,695	70.0

(1) Includes mother, spouse, and widow or widower of veteran.

**Table 61 -- Employment: Minority Groups by Grade  
Full-time and Part-time with Permanent Appointments  
September 30, 1994**

<i>Grade or Supervisory Level</i>	<i>Total Employment (1)</i>	<i>Percentage of Total Employment</i>				
		<i>Total Minority Employment</i>	<i>African- American</i>	<i>Hispanic</i>	<i>Asian or Pacific Islander</i>	<i>American Indian or Alaskan Native</i>
All pay plans--total.....	224,481	34.7	24.3	5.5	4.2	0.7
GS/GM and equivalent.....	151,916	33.3	23.4	5.3	3.8	0.8
GS-1 through GS-4.....	24,471	46.8	37.1	6.5	2.2	1.0
GS-5 through GS-8.....	64,812	39.6	30.9	5.6	2.2	1.0
GS-9 through GS-12.....	40,533	22.9	13.5	4.7	4.1	0.6
GS/GM-13 through GS/GM-15.....	22,087	19.1	4.7	4.2	9.8	0.3
Other pay systems (2).....	37,814	27.9	14.1	5.2	8.1	0.5
Wage system.....	34,451	48.3	39.2	6.5	1.6	0.9
Non-supervisory.....	30,850	48.9	39.6	6.6	1.7	0.9
Leader.....	576	48.1	40.3	5.7	1.6	0.5
Supervisory.....	3,025	42.6	35.3	5.8	0.8	0.7

(1) Excludes Philippine nationals at Manila.

(2) Includes Senior Executive Service, statutory pay plans, veterans canteen officers, assistant canteen officers, non-medical directors, nurses, and nurse anesthetists.

NOTE: Percentages may not add due to rounding.

**Table 62 -- Employment of Women by Pay Category--Full-time, Part-time, and Intermittent  
September 30, 1994**

Pay Category	Total Employment	Women	
		Number	Percent
Total--all pay categories.....	262,432	143,746	54.8%
GS/GM--total.....	145,162	87,961	60.6%
GS-1 through GS-6.....	80,393	56,181	69.9%
GS-7 through GS-12.....	55,508	29,258	52.7%
GS/GM-13 and above.....	9,261	2,522	27.2%
Title 38 (excludes canteen).....	78,527	45,879	58.4%
Wage system.....	34,406	7,297	21.2%
Canteen.....	3,321	2,415	72.7%
Non-U.S. Citizens--Manila.....	194	101	52.1%
Senior Executive Service.....	300	33	11.0%
Other (1).....	522	60	11.5%

(1) Includes purchase and hire, executive pay, hospital administration residents, and experts/consultants.

**Table 63 -- Employment of Handicapped Individuals with Targeted Disabilities by Pay Category  
Full-time, Part-time, and Intermittent with Permanent Appointments--September 30, 1994**

Pay Category	Total Employment (1)	Handicapped Individuals with Targeted Disabilities	
		Number	Percent
All pay categories--total.....	225,473	4,132	1.8
White collar--total.....	191,843	2,983	1.6
GS-1 through GS-4.....	24,538	965	3.9
GS-5 through GS-8.....	64,940	887	1.4
GS-9 through GS-11.....	31,145	572	1.8
GS-12 through GS/GM 13.....	14,689	274	1.9
GS/GM-14 through GS/GM-15.....	2,637	32	1.2
SES.....	300	3	1.0
Other (2).....	53,594	250	0.5
Wage system--total.....	33,630	1,149	3.4
WG-1 through WG-3.....	17,056	908	5.3
WG-4 through WG-6.....	4,759	78	1.6
WG-7 through WG-9.....	3,000	50	1.7
WG-10 through WG-12.....	4,062	37	0.9
WG-13 through WG-15.....	0	0	--
Other (3).....	4,753	76	1.6

(1) Excludes Philippine nationals in Manila.

(2) Includes Title 38, executive pay, senior level (formerly GS 16-18 and equivalent), hospital administration residents and expert/consultants.

(3) Includes leaders and supervisory personnel as well as purchase and hires.



**Introduction**



**The Veteran**



**Health Care**



**Veterans Benefits**



**Cemeteries and Memorials**



**Administration and Management**